

# **EXHIBIT H**

**From:** [Elton Banks](#)  
**To:** [Stephanie Torlina](#)  
**Subject:** Charles Sims Application  
**Date:** Tuesday, May 5, 2020 4:39:59 PM

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Your new app-

I placed Charles Sims applications in your mail folder. It's complete and ready to process. Also he listed neuro concerns on the LOD app, don't forget that we no longer allow any ailments other than ortho to be evaluated for LOD.



**Elton Banks** Senior Benefit Coordinator  
Phone 800-638-3186 ext. 444  
**NFL Player Benefits Office**  
200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

**CS-00457**

# Complete and sign the application, release and consent form

NEUROCOGNITIVE  
DISABILITY BENEFITS  
APPLICATION

SEND THIS PAGE

Fill out this application to the best of your ability. You may be subject to loss of benefits and to other penalties and sanctions under law if you make any false or misleading statements or omissions. **Attach additional pages if you need more space to explain your situation.**

## NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN NEUROCOGNITIVE DISABILITY BENEFITS APPLICATION

### Player information

Player's name (first, middle, last) <b>Charles, Edward, Sims</b>	Date of birth [REDACTED]	Social Security Number [REDACTED]
Address (number and street) [REDACTED]	Apartment, suite, unit, etc. [REDACTED]	
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Phone number [REDACTED]	Email (optional) [REDACTED]	

### Medical records & other supporting documents

What documents are you providing with this application?

**Operative reports, imaging reports, EMG report, physicians' reports, NFL team medical and athletic training records and Legal Brief in Support of Applications.**

Do you plan to submit additional documents at a later date?

No.



Your application will not be complete, and will not be processed, until all supporting documents are received by the Plan.

### Impairments

Please describe the problems you are experiencing as a result of neurocognitive impairment.

**Constant headaches and post-concussive symptoms.**

- CONTINUED ON NEXT PAGE -

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<b>Impairments (continued)</b>	
<p>Are you receiving any ongoing treatment for the symptoms?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please describe below, including physicians and dates of treatment in the last three years.</p> <p><b>Brain MRI</b></p>
<p>Have you received a diagnosis of any condition relating to your Impairment?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what was the diagnosis(es)?</p> <p>"A few T2/flair hyperintense foci in the bilateral deep subcortical white matter are nonspecific and may be posttraumatic, related to a vasculitis, sequale of chronic small vessel ischemic disease, or inflammatory demyelinating in nature."</p>

## Signature and authorization

I certify that all information and documents provided on or with this Application are, to the best of my knowledge, true, correct, and complete. I also authorize the NFL Player Disability & Neurocognitive Benefit Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with this Application, to all individuals as needed for Plan purposes.

Player's signature

*Charles Sims*

Date completed

04/30/2020

# Complete and sign the application, release and consent form

**NEUROCOGNITIVE  
DISABILITY BENEFITS  
APPLICATION**

SEND THIS PAGE

## NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN RELEASE AND COVENANT NOT TO SUE

In consideration for the benefit provided under Article 65 of the Collective Bargaining Agreement between the NFLMC and the NFLPA, Player, on his own behalf and on behalf of his personal representatives, heirs, next of kin, executors, administrators, estate, assigns, and/or any person or entity on his behalf, hereby waives and releases and forever discharges the NFL and its Clubs, and their respective past, current, and future affiliates, directors, officers, owners, stockholders, trustees, partners, servants, and employees (excluding persons employed as Players by a Club) and all of their respective predecessors, successors, and assigns (collectively, the "NFL Releasees") of and from any and all claims, actions, causes of actions, liabilities, suits, demands, damages, losses, payments, judgments, debts, dues, sums of money, costs and expenses, accounts, in law or equity, contingent or non-contingent, known or unknown, suspected or unsuspected ("Claims") that the Player has, had, may now have, or may have in the future arising out of, relating to, or in connection with any head and/or brain injury sustained during his employment by the Club, including without limitation head and/or brain injury of whatever cause and its damages (whether short-term, long-term, or death) whenever arising, including without limitation neurocognitive deficits of any degree, and Player covenants not to sue the NFL Releasees with respect to any such Claim or pursue any such Claim against the NFL Releasees in any forum. This release, waiver, and covenant not to sue includes without limitation all Claims arising under the tort laws of any state and extends to all damages (including without limitation short-term and/or long-term effects of such injury and death) whenever arising, including without limitation after execution of this release, waiver, and covenant not to sue. Player further acknowledges that he has read and understands Section 1542 of the California Civil Code, which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Player expressly waives and relinquishes all rights and benefits under that section and any law of any jurisdiction of similar effect with respect to the release of any unknown or unsuspected claims released hereunder that Player may have against the NFL Releasees. This release, waiver and covenant not to sue shall have no effect upon any right that Player may have to insurance or other benefits available under (1) any Collective Bargaining Agreement between the NFL Management Council and the NFLPA, (2) the Final Class Action Settlement in *In re: National Football League Players' Concussion Injury Litigation*, Civ. Action No. 2:12-md-02323-AB, MDL No. 2323, or (3) under the workers' compensation laws, and Player acknowledges and agrees that such rights, if any, are his sole and exclusive remedies for any Claims.

Player acknowledges and agrees that the provision of the benefit under Article 65 shall not be construed as an admission or concession by the NFL Releasees or any of them that NFL football caused or causes, in whole or in part, the medical conditions covered by the benefit, or as an admission of liability or wrongdoing by the NFL Releasees or any of them, and the NFL Releasees expressly deny any such admission, concession, liability, or wrongdoing.

### Signature and authorization

I understand and agree to the conditions above.

Player's name (print)	Player's signature	Date completed
Charles Sims	Charles Sims	04/30/2020

# Complete and sign the application, release and consent form

**NEUROCOGNITIVE  
DISABILITY BENEFITS  
APPLICATION**

SEND THIS PAGE

Please read and sign this consent form so that you understand what will happen next - particularly as it pertains to the independent medical examination.

## **NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR NEUROCOGNITIVE BENEFITS APPLICATION**

**In submitting my application for NC benefits, I understand that:**

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules my examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
  - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
  - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations; for example, if they determine I am a danger to myself or to others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for NC benefits.

### **Signature and authorization**

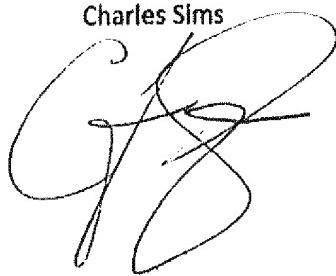
I have read and understood the information in this Consent Form.

Player's name (print)	Player's signature	Date completed
Charles Sims	Charles Sims	04/30/2020

Declaration

Daily life for me is not what most may assume. At just 29 years old, you would think that doing everyday activities would be an easy task, but its the total opposite. I wake up with headaches which makes getting out the bed and starting my day almost impossible. I prefer to stay in my room in total darkness. The days I am able to get out of bed, I'm put on a smile, though in a great deal of pain. If it was not for my wife, I would not leave the darkness of my room. Completing simple tasks like walking to the mailbox, helping with things around the house and even walking my dog leaves me in excruciating pain. Feeling and living this way makes me question if I would be able to enjoy life with my children once I decide to start my family. You would think, something as unproblematic as sitting and watching tv would give me some sort of comfort, but instead I have to constantly reposition myself every few minutes to where I am unable to enjoy whatever I'm trying to watch. I never thought that playing a game that I've loved all my life would bring on the amount of pain and suffering that I endure everyday. This is a pain that I can't explain or completely understand. My family and friends don't realize how much agony I am in because I try my best not to show them. All the while, I just want to be alone, and somewhere dark. Being in constant pain, makes me distance myself. I miss many family and friend events and outings. I miss out on making memories with those close to me because the pain is so unbearable. Trying to find my true identity now that I can no longer play the game I love, is harder than what it should be due to the never ending cycle of pain that I live with. The anxieties that I face everyday, coupled with the bodily anguish, I feel as if my world is significantly smaller, and that there is no remedy for how I feel.

Charles Sims

A handwritten signature in black ink, appearing to read "CS".

CS-00462

## Complete, sign, and notarize the designation

## Player information

Player's Name (first, middle, last)

Charles Edward Sims III

Date of birth

Social Security Number

Phone number

Email (optional)

## Representative information

Note: Your authorized representative cannot be a convicted felon or a person who has pled guilty or no contest to a felony.

Representative's name

Samuel Katz, Esquire (Athlaw LLP)

Relation to Player

Attorney

Address (number and street)

8383 Wilshire Blvd.

Apartment, suite, unit, etc. (optional)

Suite #800

City

Beverly Hills

State

CA

Zip Code

90211

Phone number

(818) 454-3652

Email (optional)

SamKatz@AthlawLLP.com

## Election

Note: For your designation to be effective, you must select at least one box in each option below. Select all that apply.

## This designation applies to the following:

- Pension Plan** (other than NFL Player Disability benefits)  
(aka Bert Bell/Pete Rozelle NFL Player Retirement Plan)
- NFL Player Disability benefits\*** (provided either under the Pension Plan or the Disability Plan, aka NFL Player Disability and Neurocognitive Benefit Plan)
- 401(k) Savings Plan**  
(aka NFL Player Second Career Savings Plan)
- NFL Player Annuity Program**
- 88 Plan\***
- HRA\*** (aka Gene Upshaw NFL Player Health Reimbursement Account Plan)
- NFL Player Capital Accumulation Plan**

\* If you have elected any of these flagged options, for your designation to be effective, you must also complete and return the "Authorization for Release of Plan Records and Information" form.

## Signature and authorization

I designate the above person to be my Authorized representative for the purposes elected above. I certify that the information provided on or with this Designation is, to the best of my knowledge, true, accurate, and complete.

Player's signature

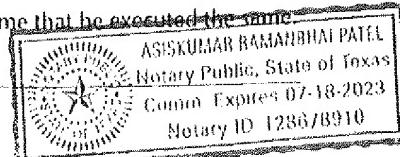
Date completed

01-06-2020

This section is to be completed and notarized by a notary public. This section does not apply to the 88 Plan.

State of Texas County of FORT WORTH On the 06<sup>th</sup> day of JANUARY, 2020, before me came CHARLES EDWARD SIMS, to me known and known to me to be the person described herein and who executed the foregoing statement and he duly acknowledged to me that he executed the same.

Notary Public

*Sealeel*

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186 or visit nflplayerbenefits.com

Last revised 06/2019

3

CS-00463

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April 30, 2020

SAMUEL KATZ, ESQ.  
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NFL DISABILITY INITIAL CLAIMS COMMITTEE  
NFL Player Disability & Neurocognitive Benefit Plan  
200 Saint Paul St., Ste. 2420  
Baltimore, MD 21202

**RE: CHARLES SIMS' APPLICATIONS FOR TOTAL AND PERMANENT, LINE OF DUTY, AND NEUROCOGNITIVE DISABILITY BENEFITS**

Dear Disability Initial Claims Committee:

Humbly, Mr. Charles Sims requests his collectively bargained for Total & Permanent (“T&P”)<sup>1</sup>, Line-Of-Duty (“LOD”), and Neurocognitive (“NC”) Disability benefits based on the plain terms of the NFL Player Disability & Neurocognitive Plan (“the Plan”)<sup>2</sup> because he satisfies the specific language of the Plan. Charles respectfully requests that the Disability Initial Claims Committee and the NFL Disability Board (collectively, “The Board” or “The Committee”) act reasonably, and in accordance with the specific terms of the collectively bargained for Plan by granting him T&P, LOD, and NC disability benefits because an eligible Retired NFL Player suffering from significant job precluding disability(ies) resulting from the cumulative impact of his NFL career is precisely the type of legitimate applicant the Committee is obligated to protect under ERISA and the plain terms of the Plan.

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<sup>1</sup> Plan Art. 3 § 3.1 (specifying General Standard for T & P Eligibility); Plan Art. 3 § 3.4 (specifying T&P Classification); Plan Art. 3 § 3.10 (Effective Date of retroactive benefits).

<sup>2</sup> The goal of the ERISA regulated NFL Benefits Plan is “to take care of eligible players as part of their compensation for investing themselves in sports...” Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433, 1439 (8th Cir. 1993); *see also* 29 U.S.C. § 1001.

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## STATEMENT OF FACTS

Throughout his football career, Charles suffered numerous traumatic head injuries resulting in substantial mental, brain, and cervical spine disability(ies). *See Buccaneers Charles Sims stuffed by Texans J.J. Watt at <http://www.nfl.com/videos/nfl-game-highlights/0ap300000539708/Buccaneers-Charles-Sims-stuffed-by-Texans-J-J-Watt>; Neck and Head Injury Screenshot; Brain MRI Dated February 19, 2020; Cervical Spine EMG Report Dated February 19, 2020; Cervical Spine MRI Dated February 19, 2020.* As a result, MRI imaging of Charles' brain on February 19, 2020 reveled “[a] few T2/flair hyperintense foci in the bilateral deep subcortical white matter are nonspecific and may be posttraumatic, related to a vasculitis, sequale of chronic small vessel ischemic disease, or inflammatory/demyelinating in nature.” *Brain MRI Dated February 19, 2020.* Additionally, imaging of Charles' cervical spine confirmed numerous substantially disabling impairment(s), including, “Cervical spondylosis” with “moderate bilateral neural foramina stenosis at C6-C7,” and “moderate right neural foramina stenosis at C4-C5 and C5-C6.” *Cervical Spine MRI Dated February 19, 2020.* Furthermore, Charles underwent EMG/NCS Testing which revealed “**C6,6 radiculopathy,**” “**C4,5 radiculopathy,**” and “right ulnar compression neuropathy (cubital tunnel syndrome).” *Cervical Spine EMG Report Dated February 19, 2020* (emphasis added). Charles also suffered devastating lumbar spine injuries during his NFL career resulting in “Lumbar spondylosis . . . and moderate bilateral neural foraminal stenosis at L5-S1.” *See Charles Sims takes pitch on third-and-15 for first down at <http://www.nfl.com/videos/nfl-game-highlights/0ap300000875649/Charles-Sims-takes-pitch-on-third-and-15-for-first-down>; Lumbar Spine MRI Dated February 19, 2020.*

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Moreover, Charles suffered substantial orthopedic injuries throughout his NFL career, requiring multiple surgeries. Right Shoulder Operative Report Dated January 4, 2017; Right Ankle Operative Report Dated August 16, 2014. As early as August of his rookie year, Charles suffered a substantial injury to his right ankle when “[h]e was participating in practice . . . and running a route when he suddenly felt a ‘pop’ and discomfort in the lateral aspect of his right ankle.” OrthoCarolina Admin Note Dated August 15, 2014. An MRI of Charles’ right ankle on August 13, 2014 revealed “**a complete tear of the peroneal retinaculum**” with “prominent adjacent lateral soft tissue edema and swelling.” Right Ankle MRI Report Dated August 13, 2014 (emphasis added). Additionally, the MRI revealed “partial tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament” as well as “areas of cartilage thinning posteriorly in the tibial plafond and in the medial gutter of the tibiotalar joint.” Id. On August 16, 2014, Charles was admitted for surgery with a preoperative diagnosis of “Peroneal tendon dislocation, right ankle” with “[c]omplete dislocation of both tendons with virtually no sulcus of the fibular noted.” Right Ankle Operative Report Dated August 16, 2014 (emphasis added). As a result, Charles required four procedures to be performed on his ankle including “Fibular groove deepening,” “Excision of anomalous peroneus quartus muscle,” “Peroneal tenosynovectomy and brevis repair,” and “Reconstruction of superior peroneal retinaculum.” Id. Charles continued to suffer from severe ankle issues throughout his career, including a right hindfoot MRI on August 9, 2016 revealing “mild thickening of the Achilles tendon compatible with tendinitis,” “periportal tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular

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ligament,” and “cartilage thinning is again seen posteriorly in the tibial plafond.” Right Foot MRI Report Dated August 9, 2016.

Additionally, Charles suffered further lower extremity injuries in the NFL including multiple MCL and hip sprains. *See Exhibits I-K, O-Q.* On October 3, 2016, Charles began experiencing severe pain and inflammation in his right knee. Right Knee MRI Report Dated October 3, 2016. An MRI of Charles’ knee revealed “robust capsulitis and synovitis anterior and posterior joint capsule,” “moderate joint effusion,” “moderate to high-grade sprain of the medial retinaculum from the condylar attachment,” “low-grade sprain of the MCL at the femoral attachment,” “low-grade patellar tendinitis towards the patellar attachment,” “mild pes anserine bursitis,” and “irregularity at the most anterior root attachment anterior horn medial meniscus.” *Id.* Moreover, Bucks physician, Dr. Eaton, reported that Charles suffered “chondral changes of the patellofemoral joint and strain of the medial capsule” and was given a cortisone shot. Bucks Injury Report Dated October 3, 2016. Dr. Eaton additionally reported that Charles had “1+ effusion, he is tender medial joint line, positive McMurray’s” and diagnosed a “Possible meniscus tear.” *Id.* The following month, Charles’ right knee continued to cause him problems and was diagnosed with “femoral trochlear chondromalacia, right knee.” Bucks Injury Report Dated November 21, 2016.

Two years later, Charles suffered another “grade 2 MCL sprain” during a kick-off return on August 18, 2018 after taking a direct “[h]it on the outside of his knee.” Bucks Injury Report Dated August 18, 2018. Current imaging of Charles’ right knee revealed “[h]igh-grade partial thickness cartilage loss within the central and medial trochlear facet cartilage with underlying cortical irregularity and sclerosis.” Right Knee MRI Report Dated February 19, 2020. In his left

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knee, imaging revealed “[p]eripheral longitudinal tear of the anterior horn lateral meniscus” and “Grade III/IV chondromalacia within the central and medial trochlear facet cartilage.” Left Knee MRI Report Dated February 19, 2020. In regard to Charles’ hips, recent imaging revealed right hip “[n]ondisplaced tearing of the anterior superior labrum at the 230 o’clock position” and “[s]uperolateral hip joint space osteoarthritis,” as well as left hip “[n]ondisplaced tearing of the anterior superior labrum.” Right Hip MRI Dated February 19, 2020; Left Hip MRI Dated February 19, 2020.

Furthermore, Charles sustained severe injuries in his upper extremities including a right shoulder “anterior glenohumeral subluxation” in December of 2016. Bucks Injury Report Dated December 24, 2016. An MRI of Charles’ right shoulder on December 26, 2016 revealed a “musculotendinous **rupture** of the strain head of the pectorals major with 4cm retraction” and the Bucks diagnosed him with a “**Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)**.” Right Shoulder MRI Report Dated December 26, 2016; Bucks Right Shoulder Injury Report Dated December 24, 2016 (emphasis added). Charles underwent an “[o]pen repair of sternal head of right pectoralis major tendon” on January 4, 2017. Right Shoulder Operative Report Dated January 4, 2017 (emphasis added). Additionally, Charles currently suffers from labral tears and moderate AC joint osteoarthritis as a result of right shoulder injuries, including, documented right shoulder “anterior instability.” Bucks Right Shoulder Injury Report by Dr. Barry Craythorne Dated December 24, 2016 (emphasis added). Moreover, Charles sustained documented injuries to his left shoulder, including a left shoulder strain on July 30, 2018, when “[h]e was blocking and had his arms forcibly pushed down and felt a strain in his left shoulder.” Bucks Left Shoulder Injury Report Dated July 30, 2018. As a result, Charles suffers from

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numerous bilateral shoulder impairment(s), including, left shoulder “[m]oderate supraspinatus and infraspinatus tendinosis,” “AC osteoarthritis with findings compatible with clinical rotator cuff impingement,” “nondisplaced tearing of the posterior inferior labrum,” “[c]ortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative,” and “[b]iceps tendinosis,” as well as right shoulder “[d]egenerative changes of the acromioclavicular joint,” “[m]oderate supraspinatus and infraspinatus tendinosis,” “AC osteoarthritis with findings compatible with clinical rotator cuff impingement,” “nondisplaced tearing of the superior and posterior inferior labrum,” “[b]iceps tendinosis,” and “[p]ost surgical changes involving prior repair of the pectoralis major tendon at its insertion.” Right Shoulder MRI Dated February 19, 2020; Left Shoulder MRI Dated February 19, 2020.

Moreover, Charles suffered wrist injuries in the NFL including getting his left wrist “jammed while holding a block” resulting in “tenderness with extension of the wrist.” Bucks Injury Report Dated August 27, 2016. “X-rays were taken which shows he’s got a scapholunate disassociation with widening of 3 mm. He also has calcification of the remnant ligament in this area.” Id. Moreover, the Bucks doctor diagnosed Charles with “an old scapholunate disruption.” Id.

As a result of the cumulative impact of Charles’ impairment(s) sustained throughout his career, he suffers significantly from pain throughout his entire body as well as severe psychiatric and neuropsychological limitations every day. Declaration of Charles Sims. Charles explains how everyday, he “wakes up with headaches which makes getting out [of] the bed and starting [his] day almost impossible” resulting in him “stay[ing] in [his] room in total darkness.” Id.

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Moreover, Charles cannot complete basic tasks of daily living as “[c]ompleting simple tasks like walking to the mailbox, helping with things around the house and even walking [his] dog leaves [him] in excruciating pain.” Id. Additionally, Charles cannot even sit without pain as he “ha[s] to constantly reposition [himself] every few minutes to where [he is] unable to enjoy whatever [he’s] trying to watch [on TV].” Id. Finally, Charles explains how he has become socially distant as “[he] just want[s] to be alone, and somewhere dark. Being in constant pain, makes [him] distance [himself].” Id.

Additionally and alternatively, Charles satisfies the LOD requirements under Plan §5.5(a) (4)(B) because he has provided sufficient evidence of at least ten (10) permanent orthopedic impairment points resulting from League Football activities.

## IMPAIRMENTS SUMMARY

**Right Ankle:** “peroneal tendon repair”; “Complete dislocation of both tendons”; “Peroneal tenosynovectomy and brevis repair, right ankle”; “Reconstruction of superior peroneal retinaculum, right ankle”

**Cervical Spine:** “C5,6 radiculopathy”; “radiculopathy”; “EMG”

**Right Shoulder:** “anterior instability”; “Anterior glenohumeral subluxation, right shoulder”; “tearing of the superior and posterior inferior labrum”

**Right Shoulder:** “AC osteoarthritis”; “Moderate acromioclavicular joint degenerative changes”

**Right Shoulder:** “status post right pectoralis major tendon repair”; “Open repair of sternal head of right pectoralis major tendon”; “Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)”

**Right Knee:** “Grade 2 sprain of the medial collateral ligament”; “Grade 2 MCL sprain right knee”; “disruption of the deep MCL”

**Left Shoulder:** “AC osteoarthritis”

**Left Shoulder:** “tearing of the posterior inferior labrum”

**Right Hip:** “hip joint space osteoarthritis”

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## RIGHT ANKLE - TWO OCCURRENCES

Ankle Impairment	Point Value
S/P Peroneal Tendon Repair	2

peroneal tendon repair,

*Exhibit C*

## FINDINGS:

Complete dislocation of both tendons

*Exhibit A - Right Ankle Operative Report Dated August 16, 2014*

Location: HOSP  
 Dictated Date: 08/17/2014  
 Accession #: chmci20140818113648

**PREOPERATIVE DIAGNOSIS:**  
 Peroneal tendon dislocation, right ankle.

**PROCEDURE PERFORMED:**

1. Fibular groove deepening, right ankle.
2. Excision of anomalous peroneus quartus muscle.
3. Peroneal tenosynovectomy and brevis repair, right ankle.
4. Reconstruction of superior peroneal retinaculum, right ankle.

**SURGEON:**  
 Robert B. Anderson, MD.

**ASSISTANT:**  
 Mark Magill, MD.

**ANESTHESIA:**  
 General.

**COMPLICATIONS:**  
 None.

**FINDINGS:**  
 Complete dislocation of both tendons with virtually no avulsions of the fibula noted. Excellent stability restored with fibular groove deepening.

*Exhibit A - Right Ankle Operative Report Dated August 16, 2014*

Impression: 1. 4.5 months status post right pectoralis major tendon repair. 2. Status post prior peroneal tendon repair, right ankle with no current issues. 3. History of patellofemoral chondromalacia of the knee with no current issues.

*Exhibit C*

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<u>Cervical Spine Impairment</u>	<u>Point Value</u>
Documented Cervical Radiculopathy With EMG And MRI, Supported By Findings Observed During Clinical Examination	5

**C5,6 radiculopathy**

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

**radiculopathy**

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

*Impressions:*

1. Cervical spondylosis notable for mild to moderate bilateral neural foraminal stenosis at C6-C7.
2. Mild to moderate right neural foraminal stenosis at C4-C5 and C5-C6.

*Exhibit E - Cervical Spine MRI Report Dated February 19, 2020*

**EMG:**  
EMG of the right upper extremity and related cervical paraspinal musculature using a disposable monopolar electrode revealed evidence of muscle membrane irritability in the right biceps musculature (C5,6). Motor unit action potential analysis was significant for increased amplitude motor units in the right deltoid musculature (C4,5).

**IMPRESSION:**

- 1) Muscle membrane irritability in the right biceps musculature suggestive of right C5,6 radiculopathy which could not be confirmed with right cervical paraspinal musculature. Correlate with cervical spine MRI findings.
- 2) Increased amplitude motor units in the right deltoid musculature may indicate chronic right C4,5 radiculopathy but not confirmed with right cervical paraspinal needle exam. Correlate with cervical spine MRI findings.

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

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## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

anterior instability

*Exhibit F*

**Impression: Anterior glenohumeral subluxation, right shoulder**

*Exhibit F*

**tearing of the superior and posterior inferior labrum.**

*Exhibit G*

Charles was evaluated on the sidelines complaining of an anterior instability event of the right shoulder. Mechanism of injury is unclear.

On examination on the sidelines an anteriorly subluxated right shoulder was palpated. Gentle inferior traction allowed reduction after a few moments. Sensory and motor functions are intact post reduction. Anterior capsular tenderness was present. The player demonstrated gradually increasing but still diminished strength to external rotation upon isometric contraction. Good biceps, triceps, and deltoid strength. Subscapularis appears intact with negative belly press test.

Impression: Anterior glenohumeral subluxation, right shoulder

*Exhibit F*

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## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

# AC osteoarthritis

*Exhibit G*

Rotator outlet: Type II acromion with preservation of the subacromial space. Moderate acromioclavicular joint degenerative changes. Inferiorly pointing osteophytes efface the underlying fat plane and distort the traversing rotator cuff contour.

*Exhibit G*

*Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.

*Exhibit G*



12/26/2016

Dr. Barry Craythorne dictating on Charles Sims.

Charles presents for follow-up of his right arm/shoulder injury. He remembers having his arms abducted and elbow extended and having his shoulder and elbow extended

*Exhibit GG*

# ATHLAW LLP

## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
S/P Pectoralis Major Tendon Repair	2

**status post right pectoralis major tendon repair.**

*Exhibit C*

**Open repair of sternal head of right pectoralis major tendon.**

*Exhibit B - Right Shoulder Operative Report Dated January 4, 2017*

## OPERATIVE REPORT

**PATIENT NAME:** SIMS, CHARLES  
**HOSPITAL NUMBER:** 46650  
**SURGEON:** Walter Lowe, M.D.

**DATE OF PROCEDURE:** 01/04/17

**DATE OF BIRTH:** [REDACTED]

**PREOPERATIVE DIAGNOSIS:** Right sternal head pectoralis major muscle tear.

**POSTOPERATIVE DIAGNOSIS:** Right sternal head pectoralis major muscle tear.

**PROCEDURE PERFORMED:** Open repair of sternal head of right pectoralis major tendon.

*Exhibit B - Right Shoulder Operative Report Dated January 4, 2017*

<b>Patient Name:</b>	Sims, Charles	
<b>Injury/Illness</b>	Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)	
<b>Injury/Illness Date:</b>	12/24/2016 06:30 PM	
<b>Description:</b>	Right	
<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	204310	Chest Pectoralis Major Strain 3 Deg (Complete Tear)

*Exhibit H*

# ATHLAW LLP

## RIGHT KNEE OCCURRENCE

<u>Knee Impairment</u>	<u>Point Value</u>
Symptomatic MCL Tear with Moderate Or Greater Instability	2

## IMPRESSION:

Grade 2 sprain of the medial collateral ligament.

*Exhibit J*

to valgus stress in extension but gapped Grade 2 at 20° of flexion.

Assessment: Grade 2 MCL sprain right knee.

*Exhibit I*

Impression: Grade 2 MCL sprain right knee.

*Exhibit K*

Dr. Leffers dictating on Charles Sims MRI right knee. MRI demonstrates some proximal disruption of the deep MCL with superficial MCL intact. There is no

*Exhibit K*

**Patient Name:** Sims, Charles

**Injury/Illness** Right Knee Medial Collateral Sprain - Grade 2

**Injury/Illness Date:** 08/18/2018 07:04 PM

**Description:** Right

<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	403240	Knee Medial Collateral Sprain - Grade 2

*Exhibit I*

# ATHLAW LLP

## LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

# AC osteoarthritis

*Exhibit L*

## *Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.

*Exhibit L*

**2016-12-24**

Notes:    **User Detailed Note**

Charles c/o soreness in his left shoulder during the 4th quarter of the Slater, New Orleans game when he made a tackle on an interception. He Bobby describes a horizontal abduction type mechanism. He was removed from the game. See Dr. Craythorne dictation.

*Exhibit M*



7/30/18

Dr. Leffers dictating on Charles Sims. Charles was injured in practice yesterday, his left shoulder. He was blocking and had his arms forcibly pushed down and felt a strain in

*Exhibit N*

# ATHLAW LLP

## LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

# tearing of the posterior inferior labrum

*Exhibit L*

*Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.
3. Findings suggestive of nondisplaced tearing of the posterior inferior labrum on this non-arthrographic exam.
4. Cortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative.
5. Biceps tendinosis.

*Exhibit L*

**2016-12-24**

Notes:    **User Detailed Note**

Charles c/o soreness in his left shoulder during the 4th quarter of the Slater, New Orleans game when he made a tackle on an interception. He Bobby describes a horizontal abduction type mechanism. He was removed from the game. See Dr. Craythorne dictation.

*Exhibit M*



7/30/18

Dr. Leffers dictating on Charles Sims. Charles was injured in practice yesterday, his left shoulder. He was blocking and had his arms forcibly pushed down and felt a strain in

*Exhibit N*

# ATHLAW LLP

## RIGHT HIP OCCURRENCE

<u>Hip Impairment</u>	<u>Point Value</u>

# hip joint space osteoarthritis

*Exhibit P*

<b>FIRST REPORT OF INJURY OR ILLNESS</b>																																					
<b>FLORIDA DEPT. OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</b>  For assistance call 1-800-342-1741 or contact your local DAO Office Report all deaths within 24 hours 800-210-8953 or (850) 922-8953																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">RECEIVED BY CLAIMS HANDLING ENTITY</td> <td style="width: 33%; padding: 2px;">SENT TO DIVISION DATE</td> <td style="width: 33%; padding: 2px;">DIVISION REC'D DATE</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>			RECEIVED BY CLAIMS HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION REC'D DATE																																
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NATURE OF BUSINESS Professional Football																																					

*Exhibit Q*

**Patient Name:** Sims, Charles

**Injury/Illness** Right Hip Flexor Strain

**Injury/Illness Date:** 11/08/2015 05:53 PM

*Exhibit O*

# ATHLAW LLP

## CONCLUSION

Respectfully, a disabled retired player, like Mr. Charles Sims, who is substantially prevented from and substantially unable to perform any work activity without constant pain, discomfort, and limiting neurocognitive and psychological disabilities, is substantially prevented from and substantially unable to engage in any occupation for remuneration or profit. Therefore, the Committee should reasonably grant Mr. Charles Sims the benefits he deserves because the cumulative impact of football on his brain, body, and mind has resulted in a destruction of his overall health such that he is substantially unable and substantially prevented from engaging in any considerable occupation.

Thus, Charles respectfully, and humbly requests that the Committee reasonably grant his applications for T&P, LOD, and NC Disability Benefits.

**From:** [Elton Banks](#)  
**To:** [Stephanie Torlina](#)  
**Subject:** Charles Sims Application  
**Date:** Tuesday, May 5, 2020 4:39:59 PM

---

Your new app-

I placed Charles Sims applications in your mail folder. It's complete and ready to process. Also he listed neuro concerns on the LOD app, don't forget that we no longer allow any ailments other than ortho to be evaluated for LOD.



**Elton Banks** Senior Benefit Coordinator

Phone 800-638-3186 ext. 444

**NFL Player Benefits Office**

200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

**CS-00481**

# Complete and sign the application and consent form

Fill this application out to the best of your ability. You may be subject to loss of benefits and to other penalties and sanctions under law if you make any false or misleading statements or omissions. **Attach additional pages if you need more space to explain your situation.**

NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN TOTAL & PERMANENT DISABILITY BENEFITS APPLICATION		
<b>Player information</b>		
Player's name (first, middle, last) <b>Charles, Edward, Sims</b>	Date of birth [REDACTED]	Social Security Number [REDACTED]
Address (number and street) [REDACTED]	Apartment, suite, unit, etc. [REDACTED]	
City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
Phone number [REDACTED]	Email (optional) [REDACTED]	
<b>Recent surgeries</b>		
Have you had surgery, or do you intend to have surgery, within 12 months of the date on this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please explain: [REDACTED]	
<b>Medical records &amp; other supporting documents</b>		
What documents are you providing with this application? <b>Operative reports, imaging reports, EMG report, physicians' reports, NFL team medical and athletic training records and Legal Brief in Support of Applications.</b>		
Do you plan to submit additional documents at a later date? <b>No.</b>		
<p> Your application will not be complete, and will not be processed, until all supporting documents are received by the Plan.</p>		
<b>Disabilities and cause</b>		
<p>List each health condition or impairment that keeps you from working. <i>Example: Knee injury.</i>          "C6-6 radiculopathy," "C4-5 radiculopathy," "Cervical spondylosis" with "moderate bilateral neural foramina stenosis at C6-C7," and "moderate right neural foramina stenosis at C4-C5 and C5-C6"; "Lumbar spondylosis . . . and moderate bilateral neural foraminal stenosis at L5-S1"; "a complete tear of the perineal retinaculum" with "prominent adjacent lateral soft tissue edema and swelling"; "partial tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament;" "areas of cartilage thinning posteriorly in the tibial plafond and in the medial gutter of the tibiotalar joint"; (Continued on additional attached page)</p>		
<p> Be sure that your application identifies all of your impairments. In most cases, the Committee will only consider those impairments that you identify in the application. Attach additional pages if necessary.</p>		
<p>Describe how these impairments affect your daily life. <i>Example: My injured knee causes intense pain, and I cannot climb stairs.</i>          The cumulative impact of my orthopedic, psychiatric, neurological, and neuropsychological impairments prevent me from being able to work. Please see attached Declaration for detailed explanation of how my impairments affect my daily life.</p>		

- CONTINUED ON NEXT PAGE -

# Complete and sign the application and consent form

## Disabilities and cause (continued)

Higher benefits are payable if the disability(ies) that renders you totally and permanently disabled arose while you were an Active Player and your application for Plan T&P benefits is received within 18 months after you are no longer an Active Player. Complete this section if you think you are eligible for Active Football or Active Non-football benefits.

When did the disability arise?

*This can be a date or an explanation*

During the NFL.

When did it prevent you from working?

*This can be a date or an explanation*

Since retiring from the NFL.

What do you think caused, or contributed to, this disability? Example: Car crash

Orthopedic and head injuries in the NFL.

Is your condition(s) related to military service?

Yes     No

If yes, please explain.

Did your disability result from alcohol abuse, substance abuse or psychiatric problems?

Yes     No

If yes, please explain if and how this is related to an NFL-football activity.

Depression due to traumatic head injuries in the NFL.

## Social Security disability

Are you currently receiving Social Security disability benefits?

Yes     No

If you checked "Yes," you must submit the following:

- a letter or other evidence from the Social Security Administration which states that the Social Security Administration determined you were unable to work; and
- a recent check stub or a letter from your local Social Security Administration office which states that you are still receiving Social Security benefits.

If you checked "No," have you applied for Social Security disability benefits?

Yes     No

Please fill out the Employment Information section on the next page.

- CONTINUED ON NEXT PAGE -

# Complete and sign the application and consent form

## If you are currently receiving Social Security disability payments

Skip the Employment Information section. Be sure to sign the application at the bottom of the page.

## If you are NOT receiving Social Security disability payments

Fill out the Employment Information section below and sign the application at the bottom of the page.

### Employment information

Are you currently employed?

Yes     No     Never worked after playing NFL football

If you checked "Yes" or "No," please complete the following:

Your current or last employer

Start date

Employer's address

Supervisor's name

Supervisor's phone number

Job title

Annual salary (before tax)

Daily duties

Reason for leaving (if applicable)

End date (if applicable)

### If you checked "Yes" in the box above, please submit the following documents:

- ✓ Federal and state income tax returns for the last three years
- ✓ Current-year salary information, such as a pay stub or letter from your employer

### Signature and authorization

I certify that all information and documents provided on or with this Application are, to the best of my knowledge, true, correct, and complete. I also authorize the NFL Player Disability & Neurocognitive Benefit Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with this Application, to all individuals as needed for Plan purposes.

Player's signature

Charles Sims

Date completed

04/30/2020

# Complete and sign the application and consent form

TOTAL & PERMANENT  
DISABILITY BENEFITS  
APPLICATION

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.

## NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR TOTAL & PERMANENT DISABILITY BENEFITS APPLICATION

**In submitting my application for T&P benefits, I understand that:**

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
  - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
  - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for T&P benefits.

### Signature and authorization

I have read and understood the information in this Consent Form.

Player's name (print)	Player's signature	Date completed
Charles Sims	Charles Sims	04/30/2020

Additional attached page, continued from T & P application instruction "List each health condition or impairment that keeps you from working":

- Right ankle "Fibular groove deepening," "Excision of anomalous peroneus quartus muscle," "Peroneal tenosynovectomy and brevis repair," and "Reconstruction of superior peroneal retinaculum."
- Right foot "mild thickening of the Achilles tendon compatible with tendinitis," "periportal tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament," and "cartilage thinning is again seen posteriorly in the tibial plafond."
- Right knee "robust capsulitis and synovitis anterior and posterior joint capsule," "moderate joint effusion," "moderate to high-grade sprain of the medial retinaculum from the condylar attachment," "low-grade sprain of the MCL at the femoral attachment," "low-grade patellar tendinitis towards the patellar attachment," "mild pes anserine bursitis," "irregularity at the most anterior root attachment anterior horn medial meniscus," "chondral changes of the patellofemoral joint and strain of the medial capsule," "[h]igh-grade partial thickness cartilage loss within the central and medial trochlear facet cartilage with underlying cortical irregularity and sclerosis," and "grade 2 MCL sprain."
- Left knee "[p]eripheral longitudinal tear of the anterior horn lateral meniscus" and "Grade III/IV chondromalacia within the central and medial trochlear facet cartilage."
- Right hip "[n]ondisplaced tearing of the anterior superior labrum at the 230 o'clock position" and "[s]uperolateral hip joint space osteoarthritis."
- Left hip "[n]ondisplaced tearing of the anterior superior labrum."
- Right shoulder "anterior glenohumeral subluxation," "muscлотendinous rupture of the strain head of the pectoralis major with 4cm retraction," "Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)," "[o]pen repair of sternal head of right pectoralis major tendon," "[d]egenerative changes of the acromioclavicular joint," "[m]oderate supraspinatus and infraspinatus tendinosis," "AC osteoarthritis with findings compatible with clinical rotator cuff impingement," "nondisplaced tearing of the superior and posterior inferior labrum,"

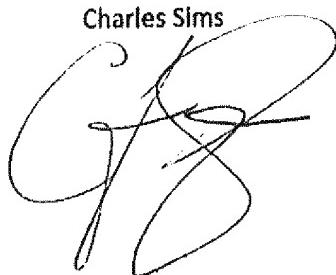
“[b]iceps tendinosis,” and “[p]ost surgical changes involving prior repair of the pectoralis major tendon at it's insertion.”

- Left shoulder “[m]oderate supraspinatus and infraspinatus tendinosis,” “AC osteoarthritis with findings compatible with clinical rotator cuff impingement,” “nondisplaced tearing of the posterior inferior labrum,” “[c]ortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative,” and “[b]iceps tendinosis.”
- Left wrist “scapholunate disassociation with widening of 3 mm. He also has calcification of the remnant ligament in this area.”
- Right elbow osteoarthritis.
- Contact pain all throughout body, headaches, depression, and neuropsychological impairments.

**Declaration**

Daily life for me is not what most may assume. At just 29 years old, you would think that doing everyday activities would be an easy task, but its the total opposite. I wake up with headaches which makes getting out the bed and starting my day almost impossible. I prefer to stay in my room in total darkness. The days I am able to get out of bed, I'm put on a smile, though in a great deal of pain. If it was not for my wife, I would not leave the darkness of my room. Completing simple tasks like walking to the mailbox, helping with things around the house and even walking my dog leaves me in excruciating pain. Feeling and living this way makes me question if I would be able to enjoy life with my children once I decide to start my family. You would think, something as unproblematic as sitting and watching tv would give me some sort of comfort, but instead I have to constantly reposition myself every few minutes to where I am unable to enjoy whatever I'm trying to watch. I never thought that playing a game that I've loved all my life would bring on the amount of pain and suffering that I endure everyday. This is a pain that I can't explain or completely understand. My family and friends don't realize how much agony I am in because I try my best not to show them. All the while, I just want to be alone, and somewhere dark. Being in constant pain, makes me distance myself. I miss many family and friend events and outings. I miss out on making memories with those close to me because the pain is so unbearable. Trying to find my true identity now that I can no longer play the game I love, is harder than what it should be due to the never ending cycle of pain that I live with. The anxieties that I face everyday, coupled with the bodily anguish, I feel as if my world is significantly smaller, and that there is no remedy for how I feel.

Charles Sims

A handwritten signature in black ink, appearing to read "CS".**CS-00488**

## Complete, sign, and notarize the designation

## Player information

Player's Name (first, middle, last)

Charles Edward Sims III

Date of birth

Social Security Number

Phone number

Email (optional)

## Representative information

Note: Your authorized representative cannot be a convicted felon or a person who has pled guilty or no contest to a felony.

Representative's name

Samuel Katz, Esquire (Athlaw LLP)

Relation to Player

Attorney

Address (number and street)

8383 Wilshire Blvd.

Apartment, suite, unit, etc. (optional)

Suite #800

City

Beverly Hills

State

CA

Zip Code

90211

Phone number

(818) 454-3652

Email (optional)

SamKatz@AthlawLLP.com

## Election

Note: For your designation to be effective, you must select at least one box in each option below. Select all that apply.

## This designation applies to the following:

- Pension Plan** (other than NFL Player Disability benefits)  
(aka Bert Bell/Pete Rozelle NFL Player Retirement Plan)
- NFL Player Disability benefits\*** (provided either under the Pension Plan or the Disability Plan, aka NFL Player Disability and Neurocognitive Benefit Plan)
- 401(k) Savings Plan**  
(aka NFL Player Second Career Savings Plan)
- NFL Player Annuity Program**
- 88 Plan\***
- HRA\*** (aka Gene Upshaw NFL Player Health Reimbursement Account Plan)
- NFL Player Capital Accumulation Plan**

\* If you have elected any of these flagged options, for your designation to be effective, you must also complete and return the "Authorization for Release of Plan Records and Information" form.

## Signature and authorization

I designate the above person to be my Authorized representative for the purposes elected above. I certify that the information provided on or with this Designation is, to the best of my knowledge, true, accurate, and complete.

Player's signature

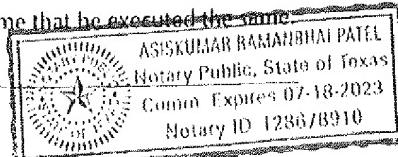
Date completed

01-06-2020

This section is to be completed and notarized by a notary public. This section does not apply to the 88 Plan.

State of Texas County of FORT WORTH On the 06<sup>th</sup> day of JANUARY, 2020, before me came CHARLES EDWARD SIMS, to me known and known to me to be the person described herein and who executed the foregoing statement and he duly acknowledged to me that he executed the same.

Notary Public

*Sealeel*

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186 or visit nflplayerbenefits.com

Last revised 06/2019

3

CS-00489

# ATHLAW LLP

April 30, 2020

SAMUEL KATZ, ESQ.  
Managing Partner, Athlaw LLP  
8383 Wilshire Blvd. Suite 800  
Beverly Hills CA 90211  
(818) 454-3652  
[samkatz@athlawllp.com](mailto:samkatz@athlawllp.com)

NFL DISABILITY INITIAL CLAIMS COMMITTEE  
NFL Player Disability & Neurocognitive Benefit Plan  
200 Saint Paul St., Ste. 2420  
Baltimore, MD 21202

**RE: CHARLES SIMS' APPLICATIONS FOR TOTAL AND PERMANENT, LINE OF DUTY, AND NEUROCOGNITIVE DISABILITY BENEFITS**

Dear Disability Initial Claims Committee:

Humbly, Mr. Charles Sims requests his collectively bargained for Total & Permanent (“T&P”)<sup>1</sup>, Line-Of-Duty (“LOD”), and Neurocognitive (“NC”) Disability benefits based on the plain terms of the NFL Player Disability & Neurocognitive Plan (“the Plan”)<sup>2</sup> because he satisfies the specific language of the Plan. Charles respectfully requests that the Disability Initial Claims Committee and the NFL Disability Board (collectively, “The Board” or “The Committee”) act reasonably, and in accordance with the specific terms of the collectively bargained for Plan by granting him T&P, LOD, and NC disability benefits because an eligible Retired NFL Player suffering from significant job precluding disability(ies) resulting from the cumulative impact of his NFL career is precisely the type of legitimate applicant the Committee is obligated to protect under ERISA and the plain terms of the Plan.

---

<sup>1</sup> Plan Art. 3 § 3.1 (specifying General Standard for T & P Eligibility); Plan Art. 3 § 3.4 (specifying T&P Classification); Plan Art. 3 § 3.10 (Effective Date of retroactive benefits).

<sup>2</sup> The goal of the ERISA regulated NFL Benefits Plan is “to take care of eligible players as part of their compensation for investing themselves in sports...” Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433, 1439 (8th Cir. 1993); *see also* 29 U.S.C. § 1001.

# ATHLAW LLP

## STATEMENT OF FACTS

Throughout his football career, Charles suffered numerous traumatic head injuries resulting in substantial mental, brain, and cervical spine disability(ies). *See Buccaneers Charles Sims stuffed by Texans J.J. Watt at <http://www.nfl.com/videos/nfl-game-highlights/0ap300000539708/Buccaneers-Charles-Sims-stuffed-by-Texans-J-J-Watt>; Neck and Head Injury Screenshot; Brain MRI Dated February 19, 2020; Cervical Spine EMG Report Dated February 19, 2020; Cervical Spine MRI Dated February 19, 2020.* As a result, MRI imaging of Charles' brain on February 19, 2020 reveled “[a] few T2/flair hyperintense foci in the bilateral deep subcortical white matter are nonspecific and may be posttraumatic, related to a vasculitis, sequale of chronic small vessel ischemic disease, or inflammatory/demyelinating in nature.” *Brain MRI Dated February 19, 2020.* Additionally, imaging of Charles' cervical spine confirmed numerous substantially disabling impairment(s), including, “Cervical spondylosis” with “moderate bilateral neural foramina stenosis at C6-C7,” and “moderate right neural foramina stenosis at C4-C5 and C5-C6.” *Cervical Spine MRI Dated February 19, 2020.* Furthermore, Charles underwent EMG/NCS Testing which revealed “**C6,6 radiculopathy,**” “**C4,5 radiculopathy,**” and “right ulnar compression neuropathy (cubital tunnel syndrome).” *Cervical Spine EMG Report Dated February 19, 2020* (emphasis added). Charles also suffered devastating lumbar spine injuries during his NFL career resulting in “Lumbar spondylosis . . . and moderate bilateral neural foraminal stenosis at L5-S1.” *See Charles Sims takes pitch on third-and-15 for first down at <http://www.nfl.com/videos/nfl-game-highlights/0ap300000875649/Charles-Sims-takes-pitch-on-third-and-15-for-first-down>; Lumbar Spine MRI Dated February 19, 2020.*

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Moreover, Charles suffered substantial orthopedic injuries throughout his body during his NFL career, requiring multiple surgeries. Right Shoulder Operative Report Dated January 4, 2017; Right Ankle Operative Report Dated August 16, 2014. As early as August of his rookie year, Charles suffered a substantial injury to his right ankle when “[h]e was participating in practice . . . and running a route when he suddenly felt a ‘pop’ and discomfort in the lateral aspect of his right ankle.” OrthoCarolina Admin Note Dated August 15, 2014. An MRI of Charles’ right ankle on August 13, 2014 revealed “**a complete tear of the peroneal retinaculum**” with “prominent adjacent lateral soft tissue edema and swelling.” Right Ankle MRI Report Dated August 13, 2014 (emphasis added). Additionally, the MRI revealed “partial tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament” as well as “areas of cartilage thinning posteriorly in the tibial plafond and in the medial gutter of the tibiotalar joint.” Id. On August 16, 2014, Charles was admitted for surgery with a preoperative diagnosis of “Peroneal tendon dislocation, right ankle” with “[c]omplete dislocation of both tendons with virtually no sulcus of the fibular noted.” Right Ankle Operative Report Dated August 16, 2014 (emphasis added). As a result, Charles required four procedures to be performed on his ankle including “Fibular groove deepening,” “Excision of anomalous peroneus quartus muscle,” “Peroneal tenosynovectomy and brevis repair,” and “Reconstruction of superior peroneal retinaculum.” Id. Charles continued to suffer from severe ankle issues throughout his career, including a right hindfoot MRI on August 9, 2016 revealing “mild thickening of the Achilles tendon compatible with tendinitis,” “periportal tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular

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ligament,” and “cartilage thinning is again seen posteriorly in the tibial plafond.” Right Foot MRI Report Dated August 9, 2016.

Additionally, Charles suffered further lower extremity injuries in the NFL including multiple MCL and hip sprains. *See Exhibits I-K, O-Q.* On October 3, 2016, Charles began experiencing severe pain and inflammation in his right knee. Right Knee MRI Report Dated October 3, 2016. An MRI of Charles’ knee revealed “robust capsulitis and synovitis anterior and posterior joint capsule,” “moderate joint effusion,” “moderate to high-grade sprain of the medial retinaculum from the condylar attachment,” “low-grade sprain of the MCL at the femoral attachment,” “low-grade patellar tendinitis towards the patellar attachment,” “mild pes anserine bursitis,” and “irregularity at the most anterior root attachment anterior horn medial meniscus.” *Id.* Moreover, Bucks physician, Dr. Eaton, reported that Charles suffered “chondral changes of the patellofemoral joint and strain of the medial capsule” and was given a cortisone shot. Bucks Injury Report Dated October 3, 2016. Dr. Eaton additionally reported that Charles had “1+ effusion, he is tender medial joint line, positive McMurray’s” and diagnosed a “Possible meniscus tear.” *Id.* The following month, Charles’ right knee continued to cause him problems and was diagnosed with “femoral trochlear chondromalacia, right knee.” Bucks Injury Report Dated November 21, 2016.

Two years later, Charles suffered another “grade 2 MCL sprain” during a kick-off return on August 18, 2018 after taking a direct “[h]it on the outside of his knee.” Bucks Injury Report Dated August 18, 2018. Current imaging of Charles’ right knee revealed “[h]igh-grade partial thickness cartilage loss within the central and medial trochlear facet cartilage with underlying cortical irregularity and sclerosis.” Right Knee MRI Report Dated February 19, 2020. In his left

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knee, imaging revealed “[p]eripheral longitudinal tear of the anterior horn lateral meniscus” and “Grade III/IV chondromalacia within the central and medial trochlear facet cartilage.” Left Knee MRI Report Dated February 19, 2020. In regard to Charles’ hips, recent imaging revealed right hip “[n]ondisplaced tearing of the anterior superior labrum at the 230 o’clock position” and “[s]uperolateral hip joint space osteoarthritis,” as well as left hip “[n]ondisplaced tearing of the anterior superior labrum.” Right Hip MRI Dated February 19, 2020; Left Hip MRI Dated February 19, 2020.

Furthermore, Charles sustained severe injuries in his upper extremities including a right shoulder “anterior glenohumeral subluxation” in December of 2016. Bucks Injury Report Dated December 24, 2016. An MRI of Charles’ right shoulder on December 26, 2016 revealed a “musculotendinous **rupture** of the strain head of the pectorals major with 4cm retraction” and the Bucks diagnosed him with a “**Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)**.” Right Shoulder MRI Report Dated December 26, 2016; Bucks Right Shoulder Injury Report Dated December 24, 2016 (emphasis added). Charles underwent an “[o]pen repair of sternal head of right pectoralis major tendon” on January 4, 2017. Right Shoulder Operative Report Dated January 4, 2017 (emphasis added). Additionally, Charles currently suffers from labral tears and moderate AC joint osteoarthritis as a result of right shoulder injuries, including, documented right shoulder “anterior instability.” Bucks Right Shoulder Injury Report by Dr. Barry Craythorne Dated December 24, 2016 (emphasis added). Moreover, Charles sustained documented injuries to his left shoulder, including a left shoulder strain on July 30, 2018, when “[h]e was blocking and had his arms forcibly pushed down and felt a strain in his left shoulder.” Bucks Left Shoulder Injury Report Dated July 30, 2018. As a result, Charles suffers from

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numerous bilateral shoulder impairment(s), including, left shoulder “[m]oderate supraspinatus and infraspinatus tendinosis,” “AC osteoarthritis with findings compatible with clinical rotator cuff impingement,” “nondisplaced tearing of the posterior inferior labrum,” “[c]ortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative,” and “[b]iceps tendinosis,” as well as right shoulder “[d]egenerative changes of the acromioclavicular joint,” “[m]oderate supraspinatus and infraspinatus tendinosis,” “AC osteoarthritis with findings compatible with clinical rotator cuff impingement,” “nondisplaced tearing of the superior and posterior inferior labrum,” “[b]iceps tendinosis,” and “[p]ost surgical changes involving prior repair of the pectoralis major tendon at its insertion.” Right Shoulder MRI Dated February 19, 2020; Left Shoulder MRI Dated February 19, 2020.

Moreover, Charles suffered wrist injuries in the NFL including getting his left wrist “jammed while holding a block” resulting in “tenderness with extension of the wrist.” Bucks Injury Report Dated August 27, 2016. “X-rays were taken which shows he’s got a scapholunate disassociation with widening of 3 mm. He also has calcification of the remnant ligament in this area.” Id. Moreover, the Bucks doctor diagnosed Charles with “an old scapholunate disruption.” Id.

As a result of the cumulative impact of Charles’ impairment(s) sustained throughout his career, he suffers significantly from pain throughout his entire body as well as severe psychiatric and neuropsychological limitations every day. Declaration of Charles Sims. Charles explains how everyday, he “wakes up with headaches which makes getting out [of] the bed and starting [his] day almost impossible” resulting in him “stay[ing] in [his] room in total darkness.” Id.

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Moreover, Charles cannot complete basic tasks of daily living as “[c]ompleting simple tasks like walking to the mailbox, helping with things around the house and even walking [his] dog leaves [him] in excruciating pain.” Id. Additionally, Charles cannot even sit without pain as he “ha[s] to constantly reposition [himself] every few minutes to where [he is] unable to enjoy whatever [he’s] trying to watch [on TV].” Id. Finally, Charles explains how he has become socially distant as “[he] just want[s] to be alone, and somewhere dark. Being in constant pain, makes [him] distance [himself].” Id.

Additionally and alternatively, Charles satisfies the LOD requirements under Plan §5.5(a) (4)(B) because he has provided sufficient evidence of at least ten (10) permanent orthopedic impairment points resulting from League Football activities.

## IMPAIRMENTS SUMMARY

**Right Ankle:** “peroneal tendon repair”; “Complete dislocation of both tendons”; “Peroneal tenosynovectomy and brevis repair, right ankle”; “Reconstruction of superior peroneal retinaculum, right ankle”

**Cervical Spine:** “C5,6 radiculopathy”; “radiculopathy”; “EMG”

**Right Shoulder:** “anterior instability”; “Anterior glenohumeral subluxation, right shoulder”; “tearing of the superior and posterior inferior labrum”

**Right Shoulder:** “AC osteoarthritis”; “Moderate acromioclavicular joint degenerative changes”

**Right Shoulder:** “status post right pectoralis major tendon repair”; “Open repair of sternal head of right pectoralis major tendon”; “Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)”

**Right Knee:** “Grade 2 sprain of the medial collateral ligament”; “Grade 2 MCL sprain right knee”; “disruption of the deep MCL”

**Left Shoulder:** “AC osteoarthritis”

**Left Shoulder:** “tearing of the posterior inferior labrum”

**Right Hip:** “hip joint space osteoarthritis”

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## RIGHT ANKLE - TWO OCCURRENCES

Ankle Impairment	Point Value
S/P Peroneal Tendon Repair	2

peroneal tendon repair,

*Exhibit C*

## FINDINGS:

Complete dislocation of **both tendons**

*Exhibit A - Right Ankle Operative Report Dated August 16, 2014*

Location: HOSP  
 Dictated Date: 08/17/2014  
 Accession #: chmci20140818113648

**PREOPERATIVE DIAGNOSIS:**  
 Peroneal tendon dislocation, right ankle.

**PROCEDURE PERFORMED:**

1. Fibular groove deepening, right ankle.
2. Excision of anomalous peroneus quartus muscle.
3. Peroneal tenosynovectomy and brevis repair, right ankle.
4. Reconstruction of superior peroneal retinaculum, right ankle.

**SURGEON:**  
 Robert B. Anderson, MD.

**ASSISTANT:**  
 Mark Magill, MD.

**ANESTHESIA:**  
 General.

**COMPLICATIONS:**  
 None.

**FINDINGS:**  
 Complete dislocation of both tendons with virtually no avulsions of the fibula noted. Excellent stability restored with fibular groove deepening.

*Exhibit A - Right Ankle Operative Report Dated August 16, 2014*

Impression: 1. 4.5 months status post right pectoralis major tendon repair. 2. Status post prior peroneal tendon repair, right ankle with no current issues. 3. History of patellofemoral chondromalacia of the knee with no current issues.

*Exhibit C*

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<u>Cervical Spine Impairment</u>	<u>Point Value</u>
Documented Cervical Radiculopathy With EMG And MRI, Supported By Findings Observed During Clinical Examination	5

**C5,6 radiculopathy**

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

**radiculopathy**

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

*Impressions:*

1. Cervical spondylosis notable for mild to moderate bilateral neural foraminal stenosis at C6-C7.
2. Mild to moderate right neural foraminal stenosis at C4-C5 and C5-C6.

*Exhibit E - Cervical Spine MRI Report Dated February 19, 2020*

**EMG:**  
EMG of the right upper extremity and related cervical paraspinal musculature using a disposable monopolar electrode revealed evidence of muscle membrane irritability in the right biceps musculature (C5,6). Motor unit action potential analysis was significant for increased amplitude motor units in the right deltoid musculature (C4,5).

**IMPRESSION:**

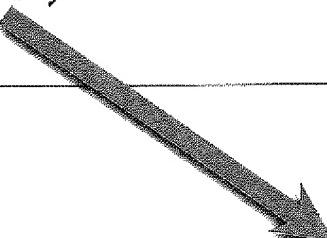
- 1) Muscle membrane irritability in the right biceps musculature suggestive of right C5,6 radiculopathy which could not be confirmed with right cervical paraspinal musculature. Correlate with cervical spine MRI findings.
- 2) Increased amplitude motor units in the right deltoid musculature may indicate chronic right C4,5 radiculopathy but not confirmed with right cervical paraspinal needle exam. Correlate with cervical spine MRI findings.

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

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## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

  
**anterior instability**

*Exhibit F*

**Impression: Anterior glenohumeral subluxation, right shoulder**

*Exhibit F*

**tearing of the superior and posterior inferior labrum.**

*Exhibit G*

Charles was evaluated on the sidelines complaining of an anterior instability event of the right shoulder. Mechanism of injury is unclear.

On examination on the sidelines an anteriorly subluxated right shoulder was palpated. Gentle inferior traction allowed reduction after a few moments. Sensory and motor functions are intact post reduction. Anterior capsular tenderness was present. The player demonstrated gradually increasing but still diminished strength to external rotation upon isometric contraction. Good biceps, triceps, and deltoid strength. Subscapularis appears intact with negative belly press test.

Impression: Anterior glenohumeral subluxation, right shoulder

*Exhibit F*

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## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

# AC osteoarthritis

*Exhibit G*

Rotator outlet: Type II acromion with preservation of the subacromial space. Moderate acromioclavicular joint degenerative changes. Inferiorly pointing osteophytes efface the underlying fat plane and distort the traversing rotator cuff contour.

*Exhibit G*

*Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.

*Exhibit G*



12/26/2016

Dr. Barry Craythorne dictating on Charles Sims.

Charles presents for follow-up of his right arm/shoulder injury. He remembers having his arms abducted and elbow extended and having his shoulder and elbow extended

*Exhibit GG*

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## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
S/P Pectoralis Major Tendon Repair	2

**status post right pectoralis major tendon repair.**

*Exhibit C*

**Open repair of sternal head of right pectoralis major tendon.**

*Exhibit B - Right Shoulder Operative Report Dated January 4, 2017*

## OPERATIVE REPORT

**PATIENT NAME:** SIMS, CHARLES  
**HOSPITAL NUMBER:** 46650  
**SURGEON:** Walter Lowe, M.D.

**DATE OF PROCEDURE:** 01/04/17

**DATE OF BIRTH:** [REDACTED]

**PREOPERATIVE DIAGNOSIS:** Right sternal head pectoralis major muscle tear.

**POSTOPERATIVE DIAGNOSIS:** Right sternal head pectoralis major muscle tear.

**PROCEDURE PERFORMED:** Open repair of sternal head of right pectoralis major tendon.

*Exhibit B - Right Shoulder Operative Report Dated January 4, 2017*

<b>Patient Name:</b>	Sims, Charles	
<b>Injury/Illness</b>	Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)	
<b>Injury/Illness Date:</b>	12/24/2016 06:30 PM	
<b>Description:</b>	Right	
<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	204310	Chest Pectoralis Major Strain 3 Deg (Complete Tear)

*Exhibit H*

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## RIGHT KNEE OCCURRENCE

<u>Knee Impairment</u>	<u>Point Value</u>
Symptomatic MCL Tear with Moderate Or Greater Instability	2

## IMPRESSION:

Grade 2 sprain of the medial collateral ligament.

*Exhibit J*

to valgus stress in extension but gapped Grade 2 at 20° of flexion.

Assessment: Grade 2 MCL sprain right knee.

*Exhibit I*

Impression: Grade 2 MCL sprain right knee.

*Exhibit K*

Dr. Leffers dictating on Charles Sims MRI right knee. MRI demonstrates some proximal disruption of the deep MCL with superficial MCL intact. There is no

*Exhibit K*

**Patient Name:** Sims, Charles

**Injury/Illness** Right Knee Medial Collateral Sprain - Grade 2

**Injury/Illness Date:** 08/18/2018 07:04 PM

**Description:** Right

<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	403240	Knee Medial Collateral Sprain - Grade 2

*Exhibit I*

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## LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

# AC osteoarthritis

*Exhibit L*

## *Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.

*Exhibit L*

**2016-12-24**

Notes:    **User Detailed Note**

Charles c/o soreness in his left shoulder during the 4th quarter of the Slater, New Orleans game when he made a tackle on an interception. He Bobby describes a horizontal abduction type mechanism. He was removed from the game. See Dr. Craythorne dictation.

*Exhibit M*



7/30/18

Dr. Leffers dictating on Charles Sims. Charles was injured in practice yesterday, his left shoulder. He was blocking and had his arms forcibly pushed down and felt a strain in

*Exhibit N*

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## LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

# tearing of the posterior inferior labrum

*Exhibit L*

*Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.
3. Findings suggestive of nondisplaced tearing of the posterior inferior labrum on this non-arthrographic exam.
4. Cortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative.
5. Biceps tendinosis.

*Exhibit L*

**2016-12-24**

Notes:    **User Detailed Note**

Charles c/o soreness in his left shoulder during the 4th quarter of the Slater, New Orleans game when he made a tackle on an interception. He Bobby describes a horizontal abduction type mechanism. He was removed from the game. See Dr. Craythorne dictation.

*Exhibit M*



7/30/18

Dr. Leffers dictating on Charles Sims. Charles was injured in practice yesterday, his left shoulder. He was blocking and had his arms forcibly pushed down and felt a strain in

*Exhibit N*

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## RIGHT HIP OCCURRENCE

<u>Hip Impairment</u>	<u>Point Value</u>

# hip joint space osteoarthritis

*Exhibit P*

FIRST REPORT OF INJURY OR ILLNESS			
<b>FLORIDA DEPT. OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</b> For assistance call 1-800-342-1741 or contact your local DAO Office Report all deaths within 24 hours 800-210-8953 or (850) 922-8953			
RECEIVED BY CLAIMS HANDLING ENTITY			
SENT TO DIVISION DATE			
DIVISION REC'D DATE			
<b>PLEASE PRINT OR TYPE</b> <b>NAME (First, Middle, Last)</b> Charles Sims			
<b>HOME ADDRESS</b> Street/Apt. [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]		<b>EMPLOYEE INFORMATION</b> <b>Social Security Number</b> [REDACTED] <b>Date of Accident (Month/Day/Year)</b> 11/8/15 <b>Time of Accident</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>TELEPHONE</b> Area Code [REDACTED] Number [REDACTED]		<b>EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)</b> After the game my hip was sore.	
<b>OCCUPATION</b> Professional Football Player		<b>INJURY/ILLNESS THAT OCCURRED</b> Strain	
<b>DATE OF BIRTH</b> [REDACTED]		<b>PART OF BODY AFFECTED</b> Right Hip Flexor	
<b>EMPLOYER INFORMATION</b> <b>COMPANY NAME</b> Tampa Bay Buccaneers <b>FEDERAL ID. NUMBER (FEIN)</b> 65-0573539 <b>DATE FIRST REPORTED (Month/Day/Year)</b> 11/8/15 <b>DBA</b> Street: 1 Buccaneer Place <b>NATURE OF BUSINESS</b> Professional Football <b>POLICY/NUMBER NUMBER</b> WCA 1520480-15			

*Exhibit Q*

**Patient Name:** Sims, Charles

**Injury/Illness** Right Hip Flexor Strain

**Injury/Illness Date:** 11/08/2015 05:53 PM

*Exhibit O*

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## CONCLUSION

Respectfully, a disabled retired player, like Mr. Charles Sims, who is substantially prevented from and substantially unable to perform any work activity without constant pain, discomfort, and limiting neurocognitive and psychological disabilities, is substantially prevented from and substantially unable to engage in any occupation for remuneration or profit. Therefore, the Committee should reasonably grant Mr. Charles Sims the benefits he deserves because the cumulative impact of football on his brain, body, and mind has resulted in a destruction of his overall health such that he is substantially unable and substantially prevented from engaging in any considerable occupation.

Thus, Charles respectfully, and humbly requests that the Committee reasonably grant his applications for T&P, LOD, and NC Disability Benefits.

**From:** [Elton Banks](#)  
**To:** [Stephanie Torlina](#)  
**Subject:** Charles Sims Application  
**Date:** Tuesday, May 5, 2020 4:39:59 PM

---

Your new app-

I placed Charles Sims applications in your mail folder. It's complete and ready to process. Also he listed neuro concerns on the LOD app, don't forget that we no longer allow any ailments other than ortho to be evaluated for LOD.



**Elton Banks** Senior Benefit Coordinator

Phone 800-638-3186 ext. 444

**NFL Player Benefits Office**

200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202

**CS-00507**

# Complete and sign the application and consent form

LINE-OF-DUTY  
DISABILITY BENEFITS  
APPLICATION

SEND THIS PAGE

Fill this sheet out to the best of your ability. You may be subject to loss of benefits and to other penalties and sanctions under law if you make any false or misleading statements or omissions. **Attach additional pages if you need more space to explain your situation.**

## NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN LINE-OF-DUTY DISABILITY BENEFITS APPLICATION

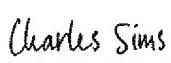
Player's Name (first, middle, last) <b>Charles, Edward, Sims</b>	Date of birth <b>09/19/1990</b>	Social Security Number <b>633-20-8842</b>
Address (number and street) <b>5011 Mountain Maple Trail</b>		Apartment, suite, unit, etc.
City <b>Rosenberg</b>	State <b>TX</b>	Zip Code <b>77471</b>
Phone number <b>(832) 526-9235</b>	Email (optional) <b>edwardsims111@yahoo.com</b>	
<b>Evaluating your impairment:</b> Most LOD applicants are referred to an independent orthopedist for a comprehensive, whole-body physical examination.		
If you do not have orthopedic impairments, initial here	If you have non-orthopedic impairments (e.g., headaches), describe them here and explain how they relate to NFL-football activities. <b>Headaches resulting from traumatic brain injuries in the NFL.</b>	
 The Plan will only consider non-orthopedic impairments that are identified in this application.		

<b>Recent surgeries</b> Have you had surgery, or do you intend to have surgery, within 12 months of the date on this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please explain:
---	--	-------------------------

<b>Medical records &amp; other supporting documents</b> What documents are you providing with this application? <b>Operative reports, imaging reports, EMG report, physicians' reports, NFL team medical and athletic training records and Legal Brief in Support of Applications.</b> Do you plan to submit additional documents at a later date? <b>No.</b>		
 Your application will not be complete, and will not be processed, until all supporting documents are received by the Plan.		

### Signature and authorization

I certify that all information and documents provided on or with this Application are, to the best of my knowledge, true, correct, and complete. I also authorize the NFL Player Disability & Neurocognitive Benefit Plan to use or disclose all individually identifiable health information submitted to the Plan on my behalf, or created in connection with this Application, to all individuals as needed for Plan purposes.

Player's signature	
Date completed	<b>04/30/2020</b>

# Complete and sign the application and consent form

LINE-OF-DUTY  
DISABILITY BENEFITS  
APPLICATION

SEND THIS PAGE

Please read and sign this consent form so that you understand what will happen next — particularly as it pertains to the independent medical examination.

## NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN CONSENT FORM FOR LINE-OF-DUTY DISABILITY BENEFITS APPLICATION

**In submitting my application for LOD benefits, I understand that:**

1. I may be required to undergo a comprehensive evaluation, and I certify I will be able to attend such evaluation within 30 days from the date this Application is received by the NFL Player Benefits Office.
2. Failure to attend this evaluation without two business days advance notice, and to cooperate with this evaluation, will result in my application being denied. If the NFL Player Benefits Office changes or reschedules an examination at my request, I understand that I must attend that examination, or I will be ineligible for benefits (unless circumstances beyond my control prevented me from attending the examination).
3. The examination will not be videotaped or otherwise recorded.
4. There will be no doctor-patient relationship between me and the physicians or other health professionals arranged by the Plan to examine me.
  - a. Reports from these examinations will be sent to the Plan, not directly to me. I will be able to obtain a copy of these reports by requesting them in writing from the NFL Player Benefits Office.
  - b. Neither I nor any of my representatives (attorneys, treating physicians, etc.) are allowed to contact these physicians and health professionals, such as to discuss my condition or to request copies of reports.
5. These physicians and health professionals are required to comply with ethical and legal obligations. For example, they are obligated to act if they determine that I am a danger to myself or others.
6. By signing this form, I consent to the above, and I will comply with the Plan's procedures in connection with my claim for LOD benefits.

## Signature and authorization

I have read and understood the information in this Consent Form.

Player's name (print)	Player's signature	Date completed
Charles Sims	Charles Sims	04/30/2020

## Complete, sign, and notarize the designation

## Player information

Player's Name (first, middle, last)

Charles Edward Sims III

Date of birth

Social Security Number

Phone number

Email (optional)

## Representative information

Note: Your authorized representative cannot be a convicted felon or a person who has pled guilty or no contest to a felony.

Representative's name

Samuel Katz, Esquire (Athlaw LLP)

Relation to Player

Attorney

Address (number and street)

8383 Wilshire Blvd.

Apartment, suite, unit, etc. (optional)

Suite #800

City

Beverly Hills

State

CA

Zip Code

90211

Phone number

(818) 454-3652

Email (optional)

SamKatz@AthlawLLP.com

## Election

Note: For your designation to be effective, you must select at least one box in each option below. Select all that apply.

## This designation applies to the following:

- Pension Plan** (other than NFL Player Disability benefits)  
(aka Bert Bell/Pete Rozelle NFL Player Retirement Plan)
- NFL Player Disability benefits\*** (provided either under the Pension Plan or the Disability Plan, aka NFL Player Disability and Neurocognitive Benefit Plan)
- 401(k) Savings Plan**  
(aka NFL Player Second Career Savings Plan)
- NFL Player Annuity Program**
- 88 Plan\***
- HRA\*** (aka Gene Upshaw NFL Player Health Reimbursement Account Plan)
- NFL Player Capital Accumulation Plan**

\* If you have elected any of these flagged options, for your designation to be effective, you must also complete and return the "Authorization for Release of Plan Records and Information" form.

## Signature and authorization

I designate the above person to be my Authorized representative for the purposes elected above. I certify that the information provided on or with this Designation is, to the best of my knowledge, true, accurate, and complete.

Player's signature

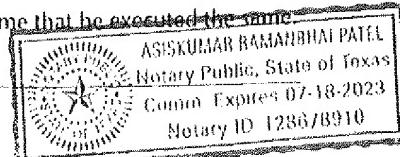
Date completed

01-06-2020

This section is to be completed and notarized by a notary public. This section does not apply to the 88 Plan.

State of Texas County of FORT WORTH On the 06<sup>th</sup> day of JANUARY, 2020, before me came CHARLES EDWARD SIMS, to me known and known to me to be the person described herein and who executed the foregoing statement and he duly acknowledged to me that he executed the same.

Notary Public

*Sealeel*

QUESTIONS? Call the NFL Player Benefits Office at 800.638.3186 or visit nflplayerbenefits.com

Last revised 06/2019

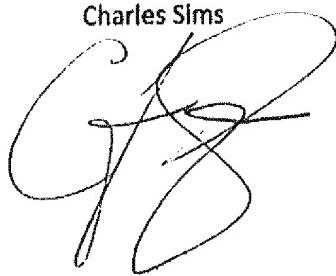
3

CS-00510

**Declaration**

Daily life for me is not what most may assume. At just 29 years old, you would think that doing everyday activities would be an easy task, but its the total opposite. I wake up with headaches which makes getting out the bed and starting my day almost impossible. I prefer to stay in my room in total darkness. The days I am able to get out of bed, I'm put on a smile, though in a great deal of pain. If it was not for my wife, I would not leave the darkness of my room. Completing simple tasks like walking to the mailbox, helping with things around the house and even walking my dog leaves me in excruciating pain. Feeling and living this way makes me question if I would be able to enjoy life with my children once I decide to start my family. You would think, something as unproblematic as sitting and watching tv would give me some sort of comfort, but instead I have to constantly reposition myself every few minutes to where I am unable to enjoy whatever I'm trying to watch. I never thought that playing a game that I've loved all my life would bring on the amount of pain and suffering that I endure everyday. This is a pain that I can't explain or completely understand. My family and friends don't realize how much agony I am in because I try my best not to show them. All the while, I just want to be alone, and somewhere dark. Being in constant pain, makes me distance myself. I miss many family and friend events and outings. I miss out on making memories with those close to me because the pain is so unbearable. Trying to find my true identity now that I can no longer play the game I love, is harder than what it should be due to the never ending cycle of pain that I live with. The anxieties that I face everyday, coupled with the bodily anguish, I feel as if my world is significantly smaller, and that there is no remedy for how I feel.

Charles Sims

A handwritten signature in black ink, appearing to read "CS".**CS-00511**

# ATHLAW LLP

April 30, 2020

SAMUEL KATZ, ESQ.  
Managing Partner, Athlaw LLP  
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NFL DISABILITY INITIAL CLAIMS COMMITTEE  
NFL Player Disability & Neurocognitive Benefit Plan  
200 Saint Paul St., Ste. 2420  
Baltimore, MD 21202

**RE: CHARLES SIMS' APPLICATIONS FOR TOTAL AND PERMANENT, LINE OF DUTY, AND NEUROCOGNITIVE DISABILITY BENEFITS**

Dear Disability Initial Claims Committee:

Humbly, Mr. Charles Sims requests his collectively bargained for Total & Permanent (“T&P”)<sup>1</sup>, Line-Of-Duty (“LOD”), and Neurocognitive (“NC”) Disability benefits based on the plain terms of the NFL Player Disability & Neurocognitive Plan (“the Plan”)<sup>2</sup> because he satisfies the specific language of the Plan. Charles respectfully requests that the Disability Initial Claims Committee and the NFL Disability Board (collectively, “The Board” or “The Committee”) act reasonably, and in accordance with the specific terms of the collectively bargained for Plan by granting him T&P, LOD, and NC disability benefits because an eligible Retired NFL Player suffering from significant job precluding disability(ies) resulting from the cumulative impact of his NFL career is precisely the type of legitimate applicant the Committee is obligated to protect under ERISA and the plain terms of the Plan.

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<sup>1</sup> Plan Art. 3 § 3.1 (specifying General Standard for T & P Eligibility); Plan Art. 3 § 3.4 (specifying T&P Classification); Plan Art. 3 § 3.10 (Effective Date of retroactive benefits).

<sup>2</sup> The goal of the ERISA regulated NFL Benefits Plan is “to take care of eligible players as part of their compensation for investing themselves in sports...” Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433, 1439 (8th Cir. 1993); *see also* 29 U.S.C. § 1001.

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## STATEMENT OF FACTS

Throughout his football career, Charles suffered numerous traumatic head injuries resulting in substantial mental, brain, and cervical spine disability(ies). *See Buccaneers Charles Sims stuffed by Texans J.J. Watt at* <http://www.nfl.com/videos/nfl-game-highlights/0ap300000539708/Buccaneers-Charles-Sims-stuffed-by-Texans-J-J-Watt>*; Neck and Head Injury Screenshot; Brain MRI Dated February 19, 2020; Cervical Spine EMG Report Dated February 19, 2020; Cervical Spine MRI Dated February 19, 2020.* As a result, MRI imaging of Charles' brain on February 19, 2020 reveled “[a] few T2/flair hyperintense foci in the bilateral deep subcortical white matter are nonspecific and may be posttraumatic, related to a vasculitis, sequale of chronic small vessel ischemic disease, or inflammatory/demyelinating in nature.” Brain MRI Dated February 19, 2020. Additionally, imaging of Charles' cervical spine confirmed numerous substantially disabling impairment(s), including, “Cervical spondylosis” with “moderate bilateral neural foramina stenosis at C6-C7,” and “moderate right neural foramina stenosis at C4-C5 and C5-C6.” Cervical Spine MRI Dated February 19, 2020. Furthermore, Charles underwent EMG/NCS Testing which revealed “**C6,6 radiculopathy,**” “**C4,5 radiculopathy,**” and “right ulnar compression neuropathy (cubital tunnel syndrome).” Cervical Spine EMG Report Dated February 19, 2020 (emphasis added). Charles also suffered devastating lumbar spine injuries during his NFL career resulting in “Lumbar spondylosis . . . and moderate bilateral neural foraminal stenosis at L5-S1.” *See Charles Sims takes pitch on third-and-15 for first down at* <http://www.nfl.com/videos/nfl-game-highlights/0ap300000875649/Charles-Sims-takes-pitch-on-third-and-15-for-first-down>*; Lumbar Spine MRI Dated February 19, 2020.*

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Moreover, Charles suffered substantial orthopedic injuries throughout his body during his NFL career, requiring multiple surgeries. Right Shoulder Operative Report Dated January 4, 2017; Right Ankle Operative Report Dated August 16, 2014. As early as August of his rookie year, Charles suffered a substantial injury to his right ankle when “[h]e was participating in practice . . . and running a route when he suddenly felt a ‘pop’ and discomfort in the lateral aspect of his right ankle.” OrthoCarolina Admin Note Dated August 15, 2014. An MRI of Charles’ right ankle on August 13, 2014 revealed “**a complete tear of the peroneal retinaculum**” with “prominent adjacent lateral soft tissue edema and swelling.” Right Ankle MRI Report Dated August 13, 2014 (emphasis added). Additionally, the MRI revealed “partial tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament” as well as “areas of cartilage thinning posteriorly in the tibial plafond and in the medial gutter of the tibiotalar joint.” Id. On August 16, 2014, Charles was admitted for surgery with a preoperative diagnosis of “Peroneal tendon dislocation, right ankle” with “[c]omplete dislocation of both tendons with virtually no sulcus of the fibular noted.” Right Ankle Operative Report Dated August 16, 2014 (emphasis added). As a result, Charles required four procedures to be performed on his ankle including “Fibular groove deepening,” “Excision of anomalous peroneus quartus muscle,” “Peroneal tenosynovectomy and brevis repair,” and “Reconstruction of superior peroneal retinaculum.” Id. Charles continued to suffer from severe ankle issues throughout his career, including a right hindfoot MRI on August 9, 2016 revealing “mild thickening of the Achilles tendon compatible with tendinitis,” “periportal tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular

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ligament,” and “cartilage thinning is again seen posteriorly in the tibial plafond.” Right Foot MRI Report Dated August 9, 2016.

Additionally, Charles suffered further lower extremity injuries in the NFL including multiple MCL and hip sprains. *See Exhibits I-K, O-Q.* On October 3, 2016, Charles began experiencing severe pain and inflammation in his right knee. Right Knee MRI Report Dated October 3, 2016. An MRI of Charles’ knee revealed “robust capsulitis and synovitis anterior and posterior joint capsule,” “moderate joint effusion,” “moderate to high-grade sprain of the medial retinaculum from the condylar attachment,” “low-grade sprain of the MCL at the femoral attachment,” “low-grade patellar tendinitis towards the patellar attachment,” “mild pes anserine bursitis,” and “irregularity at the most anterior root attachment anterior horn medial meniscus.” *Id.* Moreover, Bucks physician, Dr. Eaton, reported that Charles suffered “chondral changes of the patellofemoral joint and strain of the medial capsule” and was given a cortisone shot. Bucks Injury Report Dated October 3, 2016. Dr. Eaton additionally reported that Charles had “1+ effusion, he is tender medial joint line, positive McMurray’s” and diagnosed a “Possible meniscus tear.” *Id.* The following month, Charles’ right knee continued to cause him problems and was diagnosed with “femoral trochlear chondromalacia, right knee.” Bucks Injury Report Dated November 21, 2016.

Two years later, Charles suffered another “grade 2 MCL sprain” during a kick-off return on August 18, 2018 after taking a direct “[h]it on the outside of his knee.” Bucks Injury Report Dated August 18, 2018. Current imaging of Charles’ right knee revealed “[h]igh-grade partial thickness cartilage loss within the central and medial trochlear facet cartilage with underlying cortical irregularity and sclerosis.” Right Knee MRI Report Dated February 19, 2020. In his left

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knee, imaging revealed “[p]eripheral longitudinal tear of the anterior horn lateral meniscus” and “Grade III/IV chondromalacia within the central and medial trochlear facet cartilage.” Left Knee MRI Report Dated February 19, 2020. In regard to Charles’ hips, recent imaging revealed right hip “[n]ondisplaced tearing of the anterior superior labrum at the 230 o’clock position” and “[s]uperolateral hip joint space osteoarthritis,” as well as left hip “[n]ondisplaced tearing of the anterior superior labrum.” Right Hip MRI Dated February 19, 2020; Left Hip MRI Dated February 19, 2020.

Furthermore, Charles sustained severe injuries in his upper extremities including a right shoulder “anterior glenohumeral subluxation” in December of 2016. Bucks Injury Report Dated December 24, 2016. An MRI of Charles’ right shoulder on December 26, 2016 revealed a “musculotendinous **rupture** of the strain head of the pectorals major with 4cm retraction” and the Bucks diagnosed him with a “**Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)**.” Right Shoulder MRI Report Dated December 26, 2016; Bucks Right Shoulder Injury Report Dated December 24, 2016 (emphasis added). Charles underwent an “[o]pen repair of sternal head of right pectoralis major tendon” on January 4, 2017. Right Shoulder Operative Report Dated January 4, 2017 (emphasis added). Additionally, Charles currently suffers from labral tears and moderate AC joint osteoarthritis as a result of right shoulder injuries, including, documented right shoulder “anterior instability.” Bucks Right Shoulder Injury Report by Dr. Barry Craythorne Dated December 24, 2016 (emphasis added). Moreover, Charles sustained documented injuries to his left shoulder, including a left shoulder strain on July 30, 2018, when “[h]e was blocking and had his arms forcibly pushed down and felt a strain in his left shoulder.” Bucks Left Shoulder Injury Report Dated July 30, 2018. As a result, Charles suffers from

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numerous bilateral shoulder impairment(s), including, left shoulder “[m]oderate supraspinatus and infraspinatus tendinosis,” “AC osteoarthritis with findings compatible with clinical rotator cuff impingement,” “nondisplaced tearing of the posterior inferior labrum,” “[c]ortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative,” and “[b]iceps tendinosis,” as well as right shoulder “[d]egenerative changes of the acromioclavicular joint,” “[m]oderate supraspinatus and infraspinatus tendinosis,” “AC osteoarthritis with findings compatible with clinical rotator cuff impingement,” “nondisplaced tearing of the superior and posterior inferior labrum,” “[b]iceps tendinosis,” and “[p]ost surgical changes involving prior repair of the pectoralis major tendon at its insertion.” Right Shoulder MRI Dated February 19, 2020; Left Shoulder MRI Dated February 19, 2020.

Moreover, Charles suffered wrist injuries in the NFL including getting his left wrist “jammed while holding a block” resulting in “tenderness with extension of the wrist.” Bucks Injury Report Dated August 27, 2016. “X-rays were taken which shows he’s got a scapholunate disassociation with widening of 3 mm. He also has calcification of the remnant ligament in this area.” Id. Moreover, the Bucks doctor diagnosed Charles with “an old scapholunate disruption.” Id.

As a result of the cumulative impact of Charles’ impairment(s) sustained throughout his career, he suffers significantly from pain throughout his entire body as well as severe psychiatric and neuropsychological limitations every day. Declaration of Charles Sims. Charles explains how everyday, he “wakes up with headaches which makes getting out [of] the bed and starting [his] day almost impossible” resulting in him “stay[ing] in [his] room in total darkness.” Id.

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Moreover, Charles cannot complete basic tasks of daily living as “[c]ompleting simple tasks like walking to the mailbox, helping with things around the house and even walking [his] dog leaves [him] in excruciating pain.” Id. Additionally, Charles cannot even sit without pain as he “ha[s] to constantly reposition [himself] every few minutes to where [he is] unable to enjoy whatever [he’s] trying to watch [on TV].” Id. Finally, Charles explains how he has become socially distant as “[he] just want[s] to be alone, and somewhere dark. Being in constant pain, makes [him] distance [himself].” Id.

Additionally and alternatively, Charles satisfies the LOD requirements under Plan §5.5(a) (4)(B) because he has provided sufficient evidence of at least ten (10) permanent orthopedic impairment points resulting from League Football activities.

## IMPAIRMENTS SUMMARY

**Right Ankle:** “peroneal tendon repair”; “Complete dislocation of both tendons”; “Peroneal tenosynovectomy and brevis repair, right ankle”; “Reconstruction of superior peroneal retinaculum, right ankle”

**Cervical Spine:** “C5,6 radiculopathy”; “radiculopathy”; “EMG”

**Right Shoulder:** “anterior instability”; “Anterior glenohumeral subluxation, right shoulder”; “tearing of the superior and posterior inferior labrum”

**Right Shoulder:** “AC osteoarthritis”; “Moderate acromioclavicular joint degenerative changes”

**Right Shoulder:** “status post right pectoralis major tendon repair”; “Open repair of sternal head of right pectoralis major tendon”; “Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)”

**Right Knee:** “Grade 2 sprain of the medial collateral ligament”; “Grade 2 MCL sprain right knee”; “disruption of the deep MCL”

**Left Shoulder:** “AC osteoarthritis”

**Left Shoulder:** “tearing of the posterior inferior labrum”

**Right Hip:** “hip joint space osteoarthritis”

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## RIGHT ANKLE - TWO OCCURRENCES

Ankle Impairment	Point Value
S/P Peroneal Tendon Repair	2

peroneal tendon repair,

*Exhibit C*

## FINDINGS:

Complete dislocation of both tendons

*Exhibit A - Right Ankle Operative Report Dated August 16, 2014*

Location: HOSP  
 Dictated Date: 08/17/2014  
 Accession #: chmci20140818113648

**PREOPERATIVE DIAGNOSIS:**  
 Peroneal tendon dislocation, right ankle.

**PROCEDURE PERFORMED:**

1. Fibular groove deepening, right ankle.
2. Excision of anomalous peroneus quartus muscle.
3. Peroneal tenosynovectomy and brevis repair, right ankle.
4. Reconstruction of superior peroneal retinaculum, right ankle.

**SURGEON:**  
 Robert B. Anderson, MD.

**ASSISTANT:**  
 Mark Magill, MD.

**ANESTHESIA:**  
 General.

**COMPLICATIONS:**  
 None.

**FINDINGS:**  
 Complete dislocation of both tendons with virtually no avulsions of the fibula noted. Excellent stability restored with fibular groove deepening.

*Exhibit A - Right Ankle Operative Report Dated August 16, 2014*

Impression: 1. 4.5 months status post right pectoralis major tendon repair. 2. Status post prior peroneal tendon repair, right ankle with no current issues. 3. History of patellofemoral chondromalacia of the knee with no current issues.

*Exhibit C*

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<u>Cervical Spine Impairment</u>	<u>Point Value</u>
Documented Cervical Radiculopathy With EMG And MRI, Supported By Findings Observed During Clinical Examination	5

**C5,6 radiculopathy**

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

**radiculopathy**

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

*Impressions:*

1. Cervical spondylosis notable for mild to moderate bilateral neural foraminal stenosis at C6-C7.
2. Mild to moderate right neural foraminal stenosis at C4-C5 and C5-C6.

*Exhibit E - Cervical Spine MRI Report Dated February 19, 2020*



**EMG:**  
EMG of the right upper extremity and related cervical paraspinal musculature using a disposable monopolar electrode revealed evidence of muscle membrane irritability in the right biceps musculature (C5,6). Motor unit action potential analysis was significant for increased amplitude motor units in the right deltoid musculature (C4,5).

**IMPRESSION:**

- 1) Muscle membrane irritability in the right biceps musculature suggestive of right C5,6 radiculopathy which could not be confirmed with right cervical paraspinal musculature. Correlate with cervical spine MRI findings.
- 2) Increased amplitude motor units in the right deltoid musculature may indicate chronic right C4,5 radiculopathy but not confirmed with right cervical paraspinal needle exam. Correlate with cervical spine MRI findings.

*Exhibit D - Cervical Spine EMG Report Dated February 19, 2020*

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## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

anterior instability

*Exhibit F*

**Impression: Anterior glenohumeral subluxation, right shoulder**

*Exhibit F*

**tearing of the superior and posterior inferior labrum.**

*Exhibit G*

Charles was evaluated on the sidelines complaining of an anterior instability event of the right shoulder. Mechanism of injury is unclear.

On examination on the sidelines an anteriorly subluxated right shoulder was palpated. Gentle inferior traction allowed reduction after a few moments. Sensory and motor functions are intact post reduction. Anterior capsular tenderness was present. The player demonstrated gradually increasing but still diminished strength to external rotation upon isometric contraction. Good biceps, triceps, and deltoid strength. Subscapularis appears intact with negative belly press test.

Impression: Anterior glenohumeral subluxation, right shoulder

*Exhibit F*

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## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

# AC osteoarthritis

*Exhibit G*

Rotator outlet: Type II acromion with preservation of the subacromial space. Moderate acromioclavicular joint degenerative changes. Inferiorly pointing osteophytes efface the underlying fat plane and distort the traversing rotator cuff contour.

*Exhibit G*

*Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.

*Exhibit G*



12/26/2016

Dr. Barry Craythorne dictating on Charles Sims.

Charles presents for follow-up of his right arm/shoulder injury. He remembers having his arms abducted and elbow extended and having his shoulder and elbow extended

*Exhibit GG*

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## RIGHT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
S/P Pectoralis Major Tendon Repair	2

**status post right pectoralis major tendon repair.**

*Exhibit C*

**Open repair of sternal head of right pectoralis major tendon.**

*Exhibit B - Right Shoulder Operative Report Dated January 4, 2017*

## OPERATIVE REPORT

**PATIENT NAME:** SIMS, CHARLES  
**HOSPITAL NUMBER:** 46650  
**SURGEON:** Walter Lowe, M.D.

**DATE OF PROCEDURE:** 01/04/17

**DATE OF BIRTH:** [REDACTED]

**PREOPERATIVE DIAGNOSIS:** Right sternal head pectoralis major muscle tear.

**POSTOPERATIVE DIAGNOSIS:** Right sternal head pectoralis major muscle tear.

**PROCEDURE PERFORMED:** Open repair of sternal head of right pectoralis major tendon.

*Exhibit B - Right Shoulder Operative Report Dated January 4, 2017*

<b>Patient Name:</b>	Sims, Charles	
<b>Injury/Illness</b>	Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)	
<b>Injury/Illness Date:</b>	12/24/2016 06:30 PM	
<b>Description:</b>	Right	
<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	204310	Chest Pectoralis Major Strain 3 Deg (Complete Tear)

*Exhibit H*

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## RIGHT KNEE OCCURRENCE

<u>Knee Impairment</u>	<u>Point Value</u>
Symptomatic MCL Tear with Moderate Or Greater Instability	2

## IMPRESSION:

Grade 2 sprain of the medial collateral ligament.

*Exhibit J*

to valgus stress in extension but gapped Grade 2 at 20° of flexion.

Assessment: Grade 2 MCL sprain right knee.

*Exhibit I*

Impression: Grade 2 MCL sprain right knee.

*Exhibit K*

Dr. Leffers dictating on Charles Sims MRI right knee. MRI demonstrates some proximal disruption of the deep MCL with superficial MCL intact. There is no

*Exhibit K*

**Patient Name:** Sims, Charles

**Injury/Illness** Right Knee Medial Collateral Sprain - Grade 2

**Injury/Illness Date:** 08/18/2018 07:04 PM

**Description:** Right

<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	403240	Knee Medial Collateral Sprain - Grade 2

*Exhibit I*

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## LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Acromioclavicular Joint Inflammation	2

# AC osteoarthritis

*Exhibit L*

## *Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.

*Exhibit L*

**2016-12-24**

Notes:    **User Detailed Note**

Charles c/o soreness in his left shoulder during the 4th quarter of the Slater, New Orleans game when he made a tackle on an interception. He Bobby describes a horizontal abduction type mechanism. He was removed from the game. See Dr. Craythorne dictation.

*Exhibit M*



7/30/18

Dr. Leffers dictating on Charles Sims. Charles was injured in practice yesterday, his left shoulder. He was blocking and had his arms forcibly pushed down and felt a strain in

*Exhibit N*

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## LEFT SHOULDER OCCURRENCE

<u>Shoulder Impairment</u>	<u>Point Value</u>
Symptomatic Shoulder Instability	3

# tearing of the posterior inferior labrum

*Exhibit L*

*Impressions:*

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.
3. Findings suggestive of nondisplaced tearing of the posterior inferior labrum on this non-arthrographic exam.
4. Cortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative.
5. Biceps tendinosis.

*Exhibit L*

**2016-12-24**

Notes:    **User Detailed Note**

Charles c/o soreness in his left shoulder during the 4th quarter of the Slater, New Orleans game when he made a tackle on an interception. He Bobby describes a horizontal abduction type mechanism. He was removed from the game. See Dr. Craythorne dictation.

*Exhibit M*



7/30/18

Dr. Leffers dictating on Charles Sims. Charles was injured in practice yesterday, his left shoulder. He was blocking and had his arms forcibly pushed down and felt a strain in

*Exhibit N*

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## RIGHT HIP OCCURRENCE

<u>Hip Impairment</u>	<u>Point Value</u>

# hip joint space osteoarthritis

*Exhibit P*

<b>FIRST REPORT OF INJURY OR ILLNESS</b>																																					
<b>FLORIDA DEPT. OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</b>  For assistance call 1-800-342-1741 or contact your local DAO Office Report all deaths within 24 hours 800-210-8953 or (850) 922-8953																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">RECEIVED BY CLAIMS HANDLING ENTITY</td> <td style="width: 33%; padding: 2px;">SENT TO DIVISION DATE</td> <td style="width: 33%; padding: 2px;">DIVISION REC'D DATE</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> </table>			RECEIVED BY CLAIMS HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION REC'D DATE																																
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*Exhibit Q*

**Patient Name:** Sims, Charles

**Injury/Illness** Right Hip Flexor Strain

**Injury/Illness Date:** 11/08/2015 05:53 PM

*Exhibit O*

# ATHLAW LLP

## CONCLUSION

Respectfully, a disabled retired player, like Mr. Charles Sims, who is substantially prevented from and substantially unable to perform any work activity without constant pain, discomfort, and limiting neurocognitive and psychological disabilities, is substantially prevented from and substantially unable to engage in any occupation for remuneration or profit. Therefore, the Committee should reasonably grant Mr. Charles Sims the benefits he deserves because the cumulative impact of football on his brain, body, and mind has resulted in a destruction of his overall health such that he is substantially unable and substantially prevented from engaging in any considerable occupation.

Thus, Charles respectfully, and humbly requests that the Committee reasonably grant his applications for T&P, LOD, and NC Disability Benefits.

# Operative Reports

**CS-00529**

**MEMORIAL HERMANN SURGERY CENTER – TEXAS MEDICAL CENTER  
6400 FANNIN STREET  
HOUSTON, TEXAS 77030**

**OPERATIVE REPORT**

**PATIENT NAME:** SIMS, CHARLES  
**HOSPITAL NUMBER:** 46650  
**SURGEON:** Walter Lowe, M.D.

**DATE OF PROCEDURE:** 01/04/17

**DATE OF BIRTH:** [REDACTED]

**PREOPERATIVE DIAGNOSIS:** Right sternal head pectoralis major muscle tear.

**POSTOPERATIVE DIAGNOSIS:** Right sternal head pectoralis major muscle tear.

**PROCEDURE PERFORMED:** Open repair of sternal head of right pectoralis major tendon.

**FIRST ASSISTANT:** Dione Sloan, PA-C.

**SECOND ASSISTANT:** Christopher Flowers, M.D., Sports Fellow

**RESIDENT:** Greg Catlett, MD, Resident

**ANESTHESIA:** General.

**SPECIMENS:** None.

**COMPLICATIONS:** None.

**ESTIMATED BLOOD LOSS:** Minimal.

**FLUIDS:** Per Anesthesia.

**IMPLANTS:** Two buttons from the Arthrex pectoralis repair kit.

**FINDINGS:** Complete rupture of the sternal head of the pectoralis major tendon.

**INDICATIONS:** The patient is a NFL running back with the Tampa Bay Buccaneers, he sustained an injury to his right pectoralis during the game against the San Diego Chargers and saw us in clinic yesterday. With his presentation of symptoms and pectoralis weakness, we recommended surgery as soon as possible. Risks and benefits of the procedure were described in detail and agreed to proceed.

**DESCRIPTION OF PROCEDURE:** After informed consent was obtained, the patient was identified in the preoperative holding area. The right shoulder was then marked and taken to the operating room. He was laid on the operating room table and placed under general anesthesia.

**CS-00530**

RE: SIMS, CHARLES  
OPERATIVE REPORT  
PAGE 2 OF 3

He was positioned into the beach-chair position with the spider arm holder. The right shoulder brief examination revealed palpable defect os part of the pectoralis major insertion on the humerus. Time-out was called. The correct patient and procedure were identified.

A 5-cm incision was made 3 cm distal to the coracoid to the base of the pectoralis insertion at the axilla. The Bovie was used to cut the subcutaneous tissues and the clavipectoral fascia was identified. Then, the deltopectoral interval was identified marking the superior border of the pectoralis and Metzenbaum scissors were used to further dissect this out to identify the entire pectoralis major insertion. At that point, the clavipectoral fascia was incised and the sternal head of the pectoralis major tendon was palpated and seen deep. Using Kelly, the sternal head was brought out of the wound out of the retracted position and using finger blunt dissection, the scar tissue was removed from the anterior and posterior borders of the tendon. This was whip-stitched with a #5 Ethibond as a stay suture.

Then, attention was turned to exposing the proximal humerus. A retractor was placed into retract the deltoid laterally and the humerus was identified and any remaining scar tissue or adhesions from the rupture were removed with rongeur. The humerus was then prepared with rongeur and a Freer elevator to incite some periosteal bleeding. Then, Hohmann was placed to further retract the deltoid. Two drill holes were made in the humerus lateral to the long head of the biceps. Then, the Arthrex kit was brought in. Two buttons were placed into the proximal humerus at the site of the drill holes and flipped. Half the needles were then passed through the pectoralis tendon in a Krakow fashion and the other half passed in a fashion to allow shuttling down of the pectoralis tendon on to the humerus. Once the suturing was complete, the pectoralis tendon was reduced to the humerus with the arm in adduction in neutral position and the sutures were tied over the button-tendon interface. Then, the reduced pectoralis tendon was palpated and it was flushed on the bone without impingement of any of the soft tissue structures around it. Then, the wounds were irrigated with normal saline and one deep 0-Vicryl was placed to close the fascia and 2-0 Vicryl and 4-0 Monocryl were used to close the skin. Then, 6 mL of Marcaine were placed medial to the incision in the subcutaneous fascia to help with postoperative pain control. Sterile dressings were applied. The patient was awoken from anesthesia and taken to the PACU in stable condition.

**POSTOPERATIVE PROTOCOL:** The patient will be in a sling for 4 weeks. He will follow our pectoralis repair protocol. He will likely return to Tampa Bay this week to begin physical therapy.

I was present and performed all components of this case.

Dictated by Christopher Flowers, M.D., Sports Fellow

CS-00531

RE: SIMS, CHARLES  
OPERATIVE REPORT  
PAGE 3 OF 3



Electronically signed on Jan 6 2017 4:01PM

---

Walter Lowe, M.D.  
WI/SN/sndovmt107/FST-20046254  
D: 01/04/17 02:26 P  
T: 01/04/17 11:04 P

**CS-00532**

**OrthoCarolina**

Patient: CHARLES SIMS  
TAMPA BAY BUCCANEERS  
ONE BUCCANEER PALCE  
TAMPA, FL 33607

Age/DOB:  
MRN:  
Home:  
Work:

Provider: Robert Anderson M.D.  
Document Type: Operative Note

Enc Date: 08/16/2014

Location: HOSP  
Dictated Date: 08/17/2014  
Accession #: chami20140818113648

**PREOPERATIVE DIAGNOSIS:**

Peroneal tendon dislocation, right ankle.

**PROCEDURE PERFORMED:**

1. Fibular groove deepening, right ankle.
2. Excision of anomalous peroneus quartus muscle.
3. Peroneal tenosynovectomy and brevis repair, right ankle.
4. Reconstruction of superior peroneal retinaculum, right ankle.

**SURGEON:**

Robert B. Anderson, MD.

**ASSISTANT:**

Mark Magill, MD.

**ANESTHESIA:**

General.

**COMPLICATIONS:**

None.

**FINDINGS:**

Complete dislocation of both tendons with virtually no sulcus of the fibula noted. Excellent stability restored with fibular groove deepening.

**POSTOPERATIVE PLAN:**

Admit overnight for pain control and antibiotics. Splint and nonweightbearing for 2 weeks. We will then initiate weightbearing in a boot. Maybe out of the boot by 6 weeks postop and gradually increase strengthening at that time. Suture removal between 2-3 weeks /ch

Robert Anderson, M.D.

CC: Bobby Slater, Head Athletic Trainer, Tampa Bay Buccaneers

Electronically signed by: Robert Anderson M.D. Aug 18 2014 11:49AM EST

Printed By: Cindy Hamilton

1 of 1

08/18/2014 12:18PM

CS-00533

# Diagnostic Imaging Studies

**CS-00534**

# EMG/NCS TESTING

Patient: Sims, Charles · Physician: Vasilike Sandas,M.D.  
 Age: 29 Test Date: 02/19/20  
 Sex: Male  
 Height: 6 inches  
 Weight: 195 lbs  
 I.D.#: [REDACTED]  
 Ref. M.D.: Dr. Blunk

### History/Comments:

Patient is a 29 year old right-handed male with neck pain and right upper extremity paresthesias for at least two years. EMG/NCS ordered for further evaluation.

### Motor Nerve Study

#### Right Median Nerve

Rec Site: APB	Lat (ms)	Dur (ms)	Amp (mV)	Area (mVms)	Dist (mm)	C.V. (m/s)
Stim Site						
Wrist	3.9	6.4	13.8	30.7		
Elbow	8.4	6.2	13.6	30.0	230	51.1

### Motor Nerve Study

#### Right Ulnar Nerve

Rec Site: ADM	Lat (ms)	Dur (ms)	Amp (mV)	Area (mVms)	Dist (mm)	C.V. (m/s)
Stim Site						
Wrist	4.2	6.0	11.3	17.9		
B.Elbow	8.2	6.3	10.8	17.6	220	55.0
A.Elbow	10.5	8.1	10.1	14.4	120	51.4

### Motor Nerve Study

#### Right Ulnar Nerve

Rec Site: ADM	Lat (ms)	Dur (ms)	Amp (mV)	Area (mVms)	Dist (mm)	C.V. (m/s)
Stim Site						
Wrist	4.5	5.8	11.2	18.6		
B.Elbow	8.5	6.9	10.8	17.0	220	55.0
A.Elbow	11.5	5.4	12.6	17.1	120	40.0

### Sensory Nerve Study

#### Right Median Nerve

**CS-00535**

Patient: Sims, Charles Test Date: 02/19/20  
I.D.#: [REDACTED]

Rec Site: Wrist	Lat (ms)	Pk Lat (ms)	Amp (uV)	Dist (mm)	C.V. (m/s)
Stim Site					
Thumb	2.6	3.6	106.0		

### Sensory Nerve Study

Right Ulnar Nerve					
Rec Site: Wrist	Lat (ms)	Pk Lat (ms)	Amp (uV)	Dist (mm)	C.V. (m/s)
Stim Site					
5th dig	2.8	3.3	11.6		

### EMG Study

Name	Normal	Ins Act	Fibs	PSW	Fascics	Polyph	MU Amp	MU Dur	Config	Pattern	Recruit
R. Deltoid	Normal	norm	none	none	none	none	inc	norm	norm	norm	norm

Notes: >5mv amp mu noted

R. Triceps	norm	none	none	none	none	norm	norm	norm	norm	norm
R. Biceps Brachii	norm	none	1+	none	none	norm	norm	norm	norm	norm
R. Pronator Ter.	norm	none	none	none	none	norm	norm	norm	norm	norm
R. Dors.Int.1	norm	none	none	none	none	norm	norm	norm	norm	norm
R. Paraspinals	norm	none	none	none	none	norm	norm	norm	norm	norm

### Summary/Interpretation:

#### Summary:

Right median motor and sensory and right ulnar motor and sensory nerve conduction studies were performed. Findings were significant for slowing of the right ulnar motor nerve across the right elbow segment. Remainder of studies were within normal limits.

#### EMG:

EMG of the right upper extremity and related cervical paraspinal musculature using a disposable monopolar needle electrode revealed evidence of muscle membrane irritability in the right biceps musculature (C5,6). Motor unit action potential analysis was significant for increased amplitude motor units in the right deltoid musculature (C4,5).

#### IMPRESSION:

- 1) Muscle membrane irritability in the right biceps musculature suggestive of right C5,6 radiculopathy which could not be confirmed with right cervical paraspinal musculature. Correlate with cervical spine MRI findings.
- 2) Increased amplitude motor units in the right deltoid musculature may indicate chronic right C4,5 radiculopathy but not confirmed with right cervical paraspinal needle exam. Correlate with cervical spine MRI findings.

CS-00536

Patient: Sims, Charles  
I.D.# [REDACTED]

Test Date: 02/19/20

3) Slowing of the right ulnar motor nerve conduction velocity across the elbow segment consistent with right ulnar compression neuropathy (cubital tunnel syndrome) largely demyelinating in nature without evidence of axonal loss. He gives history of right elbow discomfort/abnormal feeling/instability. Would recommend right elbow MRI for further evaluation.

4) No evidence of right median mononeuropathy at the wrist (carpal tunnel syndrome) or generalized peripheral neuropathy is found on this examination.

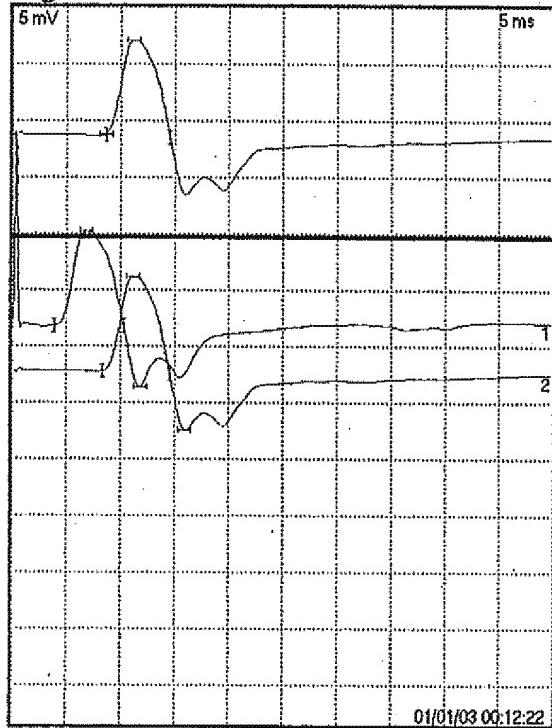
Vasilike Sandas, M.D.  
Physical Medicine and Rehabilitation  
Sports Medicine  
Board certified

CS-00537

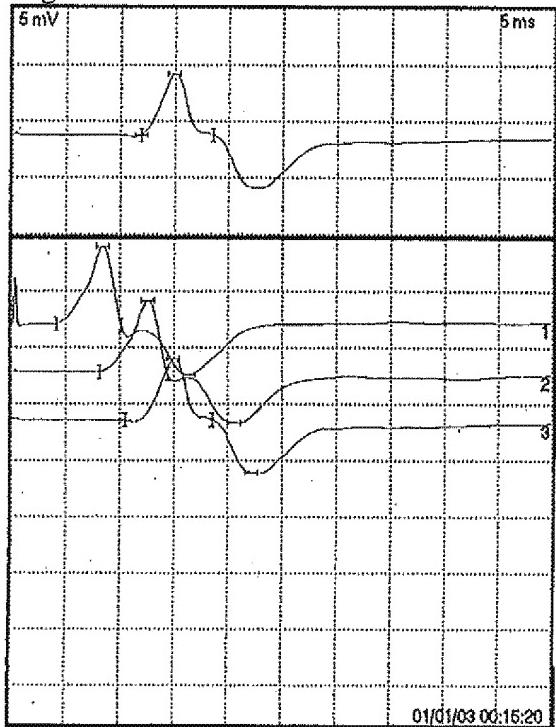
Patient: Sims, Charles  
I.D.# [REDACTED]

Test Date: 02/19/20

Right Median Nerve



Right Ulnar Nerve

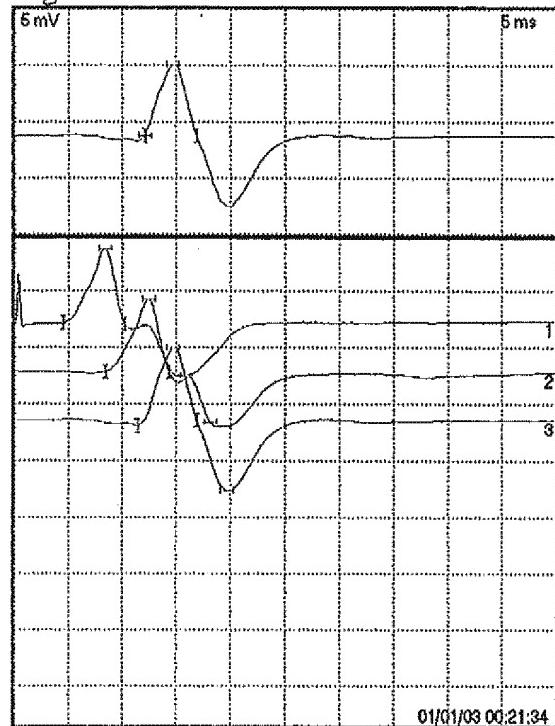


CS-00538

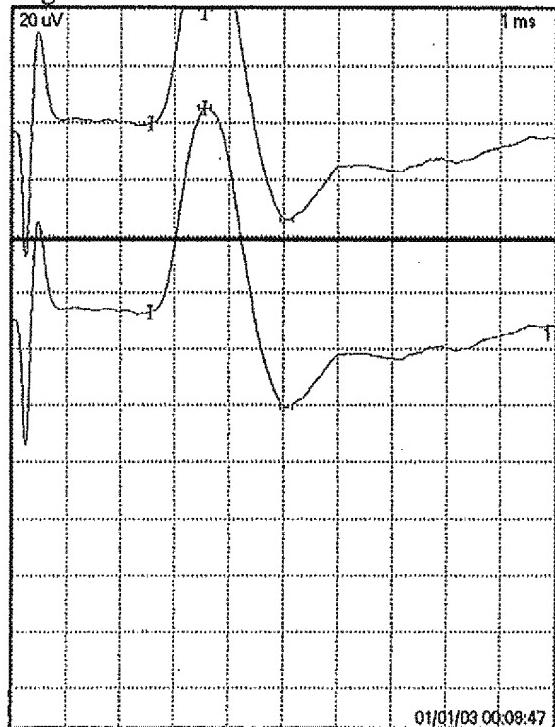
Patient: Sims, Charles  
I.D.#: [REDACTED]

Test Date: 02/19/20

## Right Ulnar Nerve



## Right Median Nerve

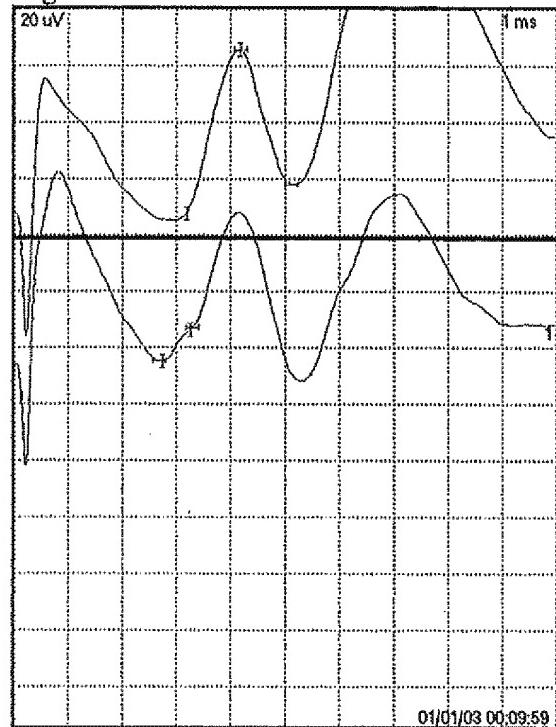


CS-00539

Patient: Sims, Charles  
I.D.# [REDACTED]

Test Date: 02/19/20

Right Ulnar Nerve



CS-00540

## DIAGNOSTIC IMAGING REPORT

PATIENT NAME: CHARLES SIMS

DATE OF BIRTH: [REDACTED]

REFERRING PHYSICIAN: DR. BLUNK

EXAM: CERVICAL SPINE^routine

DATE OF SERVICE: Feb 19,2020 10:53:11

### Final Report

*Clinical Information:* Cervicalgia.

*Study Technique:* Multiplanar multisequence images acquired through the cervical spine without contrast.

*Comparisons:* None

#### Findings:

Atlantodens interval is preserved. No spondylolisthesis. Vertebral body heights are maintained. Disc spaces are preserved. No definite abnormal cervical cord signal.

Level by level analysis is as follows:

C2-3: No significant disc pathology or stenosis.

C3-4: Asymmetric to the right disc osteophyte complex producing mild right neural foraminal stenosis.

C4-5: There is a disc osteophyte complex producing mild to moderate right and mild left neuroforaminal stenosis.

C5-6: There is a disc osteophyte complex producing mild to moderate right and mild left neural foraminal stenosis.

C6-7: There is a disc osteophyte complex producing mild to moderate bilateral neural foraminal stenosis.

C7-T1: No significant disc pathology or stenosis.

#### Impressions:

1. Cervical spondylosis notable for mild to moderate bilateral neural foraminal stenosis at C6-C7.

2. Mild to moderate right neural foraminal stenosis at C4-C5 and C5-C6.

#### End of Report

*Referring physician:* The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

Richard Rezko MD

Feb 20,2020 09:31 EST.

MetisMD PRO

Connected Radiology

CS-00541

## DIAGNOSTIC IMAGING REPORT

PATIENT NAME: CHARLES SIMS

DATE OF BIRTH: [REDACTED]

REFERRING PHYSICIAN: DR. BLUNK

EXAM: RT  
SHOULDER^ROUTINE

DATE OF SERVICE: Feb 19,2020 14:21:02

### Final Report

**Clinical Information:** Shoulder pain, history of prior pec major tendon repair

**Study Technique:** Multiplanar multisequence images acquired through the shoulder without contrast.

**Comparisons:** None

#### **Findings:**

Rotator cuff: Moderate supraspinatus and infraspinatus tendinosis. Subscapularis and teres minor tendons are intact. No significant muscle atrophy.

Rotator outlet: Type II acromion with preservation of the subacromial space. Moderate acromioclavicular joint degenerative changes. Inferiorly pointing osteophytes efface the underlying fat plane and distort the traversing rotator cuff contour.

Long head biceps tendon: Increased signal within the proximal long head biceps tendon.

Labrum and capsular structures: There is abnormal signal undermining the superior labrum from 12-11 and the posterior inferior labrum at the approximate 7 o'clock position. These findings are compatible with nondisplaced tearing on non-arthrographic exam.

#### **Osseous and chondral structures:**

Signal void in the region of the proximal medial humeral diaphyseal shaft in the region of the pectoralis major tendon insertion compatible with postsurgical changes in this area. There is thickening with increased signal within the pectoralis major tendon which is partially visualized. No acute fracture, subluxation or osteonecrosis.

Glenohumeral articular cartilage and subchondral marrow signal preserved.

Subcentimeter sclerotic appearing lesion in the subchondral femoral head may represent a bone island.

Miscellaneous: No significant joint effusion. No significant subacromial subdeltoid bursal effusion.

#### **Impressions:**

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.
3. Findings compatible with nondisplaced tearing of the superior and posterior inferior labrum on non-arthrographic exam.
4. Biceps tendinosis.
5. Post surgical changes involving prior repair of the pectoralis major tendon at it's insertion.

END OF REPORT

**Referring physician:** Please call 800.695.8191 if you would like to speak with the radiologist about this report.

**CS-00542**

**DIAGNOSTIC IMAGING REPORT**

PATIENT NAME: CHARLES SIMS

DATE OF BIRTH: [REDACTED]

REFERRING  
PHYSICIAN: DR. BLUNKEXAM: LT.  
SHOULDER^ROUTINEDATE OF  
SERVICE: Feb 19,2020 16:17:54**Final Report****Clinical Information:** Shoulder pain**Study Technique:** Multiplanar multisequence images acquired through the shoulder without contrast.**Comparisons:** None**Findings:**

Rotator cuff: Moderate background supraspinatus and infraspinatus tendinosis. There is mild subscapularis tendinosis. Teres minor tendon is intact. No significant muscle atrophy.

Rotator outlet: Type II acromion with preservation of the subacromial space. Moderate acromioclavicular joint degenerative changes. Inferiorly pointing osteophytes efface the underlying fat plane and subtly distort the traversing rotator cuff contour.

Long head biceps tendon: Mild increased signal within the proximal most long head biceps tendon including at the anchor.

Labrum and capsular structures: Slightly abnormal signal undermining the posterior inferior chondral labral junction suggestive of a nondisplaced tear on this non-arthrographic exam. No peri-labral cyst.

Osseous and chondral structures: Mild cortical irregularity of the anterior inferior bony glenoid with associated mild irregularity of the overlying articular cartilage. Small medial humeral head osteophytes are noted. Glenohumeral articular cartilage and subchondral marrow signal preserved.

Miscellaneous: No significant joint effusion. No significant subacromial subdeltoid bursal effusion.

**Impressions:**

1. Moderate supraspinatus and infraspinatus tendinosis.
2. AC osteoarthritis with findings compatible with clinical rotator cuff impingement.
3. Findings suggestive of nondisplaced tearing of the posterior inferior labrum on this non-arthrographic exam.
4. Cortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative.
5. Biceps tendinosis.

**END OF REPORT**

*Referring physician: Please call 800.695.8191 if you would like to speak with the radiologist about this report.*

**Electronically signed by**

Richard Rezko MD  
Feb 20,2020 10:40 EST.  
**MetisMD PRO**  
Connected Radiology

**CS-00543**

## DIAGNOSTIC IMAGING REPORT

PATIENT NAME: CHARLES SIMS

DATE OF BIRTH: [REDACTED]

REFERRING PHYSICIAN: DR. BLUNK

EXAM: RT. HIP^ROUTINE

DATE OF SERVICE: Feb 19, 2020  
12:45:46

### Final Report

**Clinical Information:** Hip pain

**Study Technique:** Multiplanar multisequence images acquired through the right hip without contrast.

**Comparisons:** None

#### Findings:

Hip joint: No acute fracture or osteonecrosis. Superolateral hip joint space mild cartilage irregularity with subchondral cystic change in the acetabulum on the basis of degenerative change. No significant joint effusion. Abnormal signal within the anterior superior labrum at the approximate 230 o'clock position compatible with nondisplaced tearing on non-arthrographic exam. Ligamentum teres and transverse acetabular ligament intact.

Periarticular soft tissues: Proximal rectus femoris, iliopsoas, gluteus minimus/medius and proximal hamstring tendons intact. No bursal fluid collection. Included sciatic nerve unremarkable.

Miscellaneous: No significant additional abnormality.

#### Impressions:

1. Nondisplaced tearing of the anterior superior labrum at the 230 o'clock position.
2. Superolateral hip joint space osteoarthritis.

END OF REPORT

**Referring physician:** Please call 800.695.8191 if you would like to speak with the radiologist about this report.

Electronically signed by

Richard Rezko MD  
Feb 20, 2020 09:45 EST.  
Metis MD PRO  
Connected Radiology

CS-00544

## DIAGNOSTIC IMAGING REPORT

PATIENT NAME: CHARLES SIMS  
DATE OF BIRTH: [REDACTED]  
REFERRING PHYSICIAN: DR. BLUNK  
EXAM: head^routine  
DATE OF SERVICE: Feb 19, 2020  
11:22:31

### Final Report

*Submitted Clinical Information:* Headache and memory loss

*Study Technique:* MRI of the brain was performed without intravenous contrast using routine protocols. Multiple sequences were obtained in the axial, sagittal, and coronal planes.

*Comparisons:* None

*Findings:*

No restricted diffusion to suggest the presence of acute infarct. A few T2/flair hyperintense foci are noted in the bilateral deep subcortical white matter. No intracranial hemorrhage. No abnormal extra-axial fluid collections. No mass-effect or midline shift. The ventricles are of normal size, shape and configuration for the patient's age. The basal cisterns are patent.

Appropriate arterial and dural sinus flow voids are identified. Mucosal thickening noted in the left maxillary sinus. No intraorbital pathology.

*Impressions:*

A few T2/flair hyperintense foci in the bilateral deep subcortical white matter are nonspecific and may be posttraumatic, related to a vasculitis, sequela of chronic small vessel ischemic disease, or inflammatory/demyelinating in nature.

END OF REPORT

*Referring physician:* Please call 800.695.8191 if you would like to speak with the radiologist about this report.

Electronically signed by

Richard Rezko MD  
Feb 20, 2020 09:37 EST.  
Metis|MD PRO  
Connected Radiology

CS-00545

## DIAGNOSTIC IMAGING REPORT

PATIENT NAME: CHARLES SIMS  
DATE OF BIRTH: [REDACTED]  
REFERRING PHYSICIAN: DR. BLUNK  
EXAM: RT.  
KNEE^ROUTINE  
DATE OF SERVICE: Feb 19, 2020  
13:28:12

### Final Report

**Clinical Information:** Knee pain, osteoarthritis

**Study Technique:** Multiplanar multisequence images acquired through the knee without contrast.

**Comparisons:** None

#### **Findings:**

Medial and lateral menisci are intact. The ACL and PCL are intact. The MCL and MP FL are intact. The LCL, popliteus, biceps are March and iliotibial band are intact. Quadriceps and patellar tendons are intact.

No evidence for acute fracture or avascular necrosis. 6 mm possible bone island within the distal femoral metadiaphysis anteriorly.

Medial lateral compartment weightbearing cartilage is preserved. There is high-grade multifocal partial thickness cartilage loss involving the central and immediately adjacent medial trochlear facet cartilage with underlying subchondral sclerosis and cortical irregularity.

Trace joint effusion. No significant Baker's cyst.

#### **Impressions:**

High-grade partial thickness cartilage loss within the central and medial trochlear facet cartilage with underlying cortical irregularity and sclerosis.

**END OF REPORT**

**Referring physician:** Please call 800.695.8191 if you would like to speak with the radiologist about this report.

Electronically signed by

Richard Rezko MD  
Feb 20, 2020 10:01 EST.  
Metis|MD PRO  
Uniprot Radiology

CS-00546

3/03/2025

**DIAGNOSTIC IMAGING REPORT**

PATIENT NAME: CHARLES SIMS

DATE OF BIRTH: [REDACTED]

REFERRING PHYSICIAN: DR. BLUNK

EXAM: LT.  
KNEE^ROUTINEDATE OF SERVICE: Feb 19,2020  
13:54:02**Final Report****Clinical Information:** Knee pain**Study Technique:** Multiplanar multisequence images acquired through the knee without contrast.**Comparisons:** None**Findings:**

There is a peripheral longitudinal tear of the anterior horn lateral meniscus. The medial meniscus is intact. ACL and PCL are intact.

The MCL and MP FL are intact. The LCL, popliteus, biceps femoris and iliotibial band are intact. Quadriceps and patellar tendons are intact.

The medial and lateral compartment weightbearing cartilage is preserved. There is high-grade partial thickness cartilage loss involving the central and medial trochlear facet cartilage with underlying sclerosis irregularity in subchondral bone marrow edema. There are areas of full-thickness cartilage loss in this region as well.

Patellar cartilage is preserved.

Small amount of fluid within the knee joint. No significant Baker's cyst.

**Impressions:**

1. Peripheral longitudinal tear of the anterior horn lateral meniscus.
2. Grade III/IV chondromalacia within the central and medial trochlear facet cartilage.

**END OF REPORT****Referring physician:** Please call 800.695.8191 if you would like to speak with the radiologist about this report.

Electronically signed by

Richard Rezko MD  
Feb 20,2020 10:07 EST.  
**Metis MD PRO**  
Connected Radiology

**CS-00547**

## DIAGNOSTIC IMAGING REPORT

PATIENT NAME: CHARLES SIMS  
DATE OF BIRTH: [REDACTED]  
REFERRING PHYSICIAN: DR. BLUNK  
EXAM: LT. HIP^ROUTINE  
DATE OF SERVICE: Feb 19, 2020  
16:38:51

### Final Report

**Clinical Information:** Hip pain

**Study Technique:** Multiplanar multisequence images acquired through the left hip without contrast.

**Comparisons:** Left hip radiographs 2/19/2020

#### Findings:

Hip joint: No acute fracture or osteonecrosis. No significant osteoarthritis. No significant joint effusion. Abnormal signal and morphology within the anterior superior labrum compatible with nondisplaced tearing on the non arthrographic exam. Ligamentum teres and transverse acetabular ligament intact.

Periarticular soft tissues: Proximal rectus femoris, iliopsoas, gluteus minimus/medius and proximal hamstring tendons intact. No bursal fluid collection. Included sciatic nerve unremarkable.

Miscellaneous: There is a 1.9 x 1.3 cm T1 and T2 heterogeneous lesion within the left axilla femur and the proximal intertrochanteric region; on comparison radiographic exam, there is the suggestion of a peripheral sclerotic margin to this lesion. Additional small foci of low T1 and T2 as well as low T1 and high T2 foci lesions within the left proximal femur are noted.

#### Impressions:

1. Nondisplaced tearing of the anterior superior labrum.
2. Although non specific, a 1.9 cm T1 and T2 heterogenous lesion in the left proximal femur demonstrates imaging characteristics suggestive of the potential presence of a liposclerosing myxofibrous tumor. Recommend follow up Imaging in 6 months to document stability, earlier if the patient becomes symptomatic and as clinically indicated.

END OF REPORT

**Referring physician:** Please call 800.695.8191 if you would like to speak with the radiologist about this report.

Electronically signed by

Richard Rezko MD  
Feb 20, 2020 09:56 EST.  
**MetisMD PRO**  
Connected Radiology

CS-00548

## DIAGNOSTIC IMAGING REPORT

PATIENT NAME: CHARLES SIMS

DATE OF BIRTH: [REDACTED]

REFERRING PHYSICIAN: DR. BLUNK

EXAM: LUMBAR SPINE^routine

DATE OF SERVICE: Feb 19, 2020  
11:46:14

### Final Report

*Clinical Information:* Low back pain.

*Study Technique:* Multiplanar multisequence images acquired through the lumbar spine without contrast.

*Comparisons:* None

#### *Findings:*

For purposes of this dictation, 5 lumbar type vertebral bodies are assumed with the last well-formed disc space labeled as L5-S1, as noted on image 23 of 25 on the T2 axial sequence.

Vertebral body heights are maintained. No spondylolisthesis. Moderate disc desiccation at L5-S1. The conus terminates at the T12-L1 level.

Level by level analysis is as follows:

L1-2: No significant disc pathology or stenosis.

L2-3: No significant disc pathology or stenosis.

L3-4: There is a shallow disc bulge without significant spinal canal or neural foraminal stenosis.

L4-5: There is a 2 mm annular disc bulge contacting the ventral thecal sac contributing to mild bilateral neural foraminal stenosis.

L5-S1: There is an inner disc bulge with a superimposed 2 mm central disc protrusion indenting the ventral thecal sac and contributing to moderate bilateral neural foraminal stenosis.

#### *Impressions:*

Lumbar spondylosis notable for indentation of the ventral thecal sac and moderate bilateral neural foraminal stenosis at L5-S1.

#### *End of Report*

*Referring physician:* The radiologist can be reached at 800.695.8191 if you would like to discuss the findings.

Electronically signed by

Richard Rezko MD  
Feb 20, 2020 09:42 EST.

Metis|MD PRO  
Connected Radiology

CS-00549

BayCare Outpatient Imaging Hampton Lakes  
12780 Race Track Road Tampa, FL 33626 (813)749-7810

## FINAL REPORT

Patient: SIMS, CHARLES  
DOB: [REDACTED] Sex: M

Requesting: Ramirez, Arnold M  
Attending: Ramirez, Arnold M  
Interpreted By: Jeffrey Ryan Cottrell, M.D.

CPI: [REDACTED]  
MRN: [REDACTED]  
Account: [REDACTED]  
Patient Status: Outpatient  
Patient Location: MRIHI

Ramirez, Arnold M  
602 South Howard Avenue  
Tampa, FL 33606

ACC: 28815055

MRI KNEE WITHOUT CONTRAST /RT/STAT/76

Completed: 8/19/18 1:05 pm

### MRI KNEE WITHOUT CONTRAST

INDICATION: 27-year-old male professional football player with right knee pain, recent game related injury.

COMPARISON: 10/3/2016.

TECHNIQUE: MR imaging of the right knee was performed without contrast.

#### FINDINGS:

Examination received for interpretation 8/20/2018 at 10:00 AM. Patient motion artifact limits the diagnostic quality of the examination.

#### Ligaments:

The medial collateral ligament is thickened with mild intrinsic signal attenuation at the femoral attachment. There is edema surrounding both sides of the intact medial collateral ligament, characteristic of a grade 2 sprain. There is no full-thickness tear of the medial collateral ligament.

The anterior cruciate ligament, posterior cruciate ligament and lateral collateral ligament are intact.

#### Menisci:

Some of the medial meniscus is excluded from the field-of-view in the sagittal plane. Repeat sequences could be performed for completed evaluation of the medial meniscus. Otherwise, no evidence of a tear of the medial meniscus.

The lateral meniscus is intact.

#### Patellofemoral compartment:

The patella is normally positioned and the patellar retinaculum is intact. No joint effusion.

#### Tendons:

The included sartorius, gracilis, semimembranosus and semitendinosus tendons are intact. No evidence of pes anserinus bursitis. The distal biceps femoris tendon and iliotibial band are intact.

#### Marrow and cartilage:

No marrow contusion or acute fracture. There is low-grade chondromalacia of the medial and lateral facet of the patella cartilage.

There is diffuse intermediate to high-grade chondromalacia of the trochlea. There is focal full-thickness chondromalacia of the central trochlea with underlying reactive marrow edema-like signal.

#### Extensor mechanism:

The extensor mechanism is intact.

#### Muscle:

No muscle edema or atrophy. No intramuscular hematoma.

Name: SIMS, CHARLES  
Exam: MRI KNEE WITHOUT CONTRAST

Location: MRIHI

Patient Status: O  
MRN: [REDACTED]

Printed: 08/20/2018 11:17AM

Page 1 of 2

08/19/2018

**CS-00550**

BayCare Outpatient Imaging Hampton Lakes  
12780 Race Track Road Tampa, FL 33626 (813)749-7810

## FINAL REPORT

**IMPRESSION:**

Grade 2 sprain of the medial collateral ligament.

Some of the medial meniscus is excluded from the field-of-view in the sagittal plane. Repeat sequences could be performed for completed evaluation of the medial meniscus. Otherwise, no evidence of a tear of the medial meniscus.

Diffuse intermediate to high-grade chondromalacia of the trochlea. There is focal full-thickness chondromalacia of the central trochlea with underlying reactive marrow edema-like signal.

Low-grade chondromalacia of the patella cartilage.

I discussed this with Dr. A. Ramirez, with read back protocol at 10:45 AM 8/20/2018.

Electronically signed by Jeffrey R Cottrell, M.D. Radiologist on 8/20/2018 10:47 AM

Thank you for this referral,

Diplomate American Board of Radiology

**Interpreted By** Jeffrey Ryan Cottrell, M.D.

**Authenticated By:** Jeffrey Ryan Cottrell, M.D. 8/20/18 10:49 am

**Electronically Signed By:** Jeffrey Ryan Cottrell, M.D. 8/20/18 10:49 am

**Transcribed By:** IA 8/20/18 10:40 am

---

Name: SIMS, CHARLES  
Exam: MRI KNEE WITHOUT CONTRAST

Location: MRIH

Patient Status: O  
MRN: 2105372584

Printed: 08/20/2018 11:17 AM

Page 2 of 2

08/19/2018

**CS-00551**

BayCare St. Joseph's Hospital  
3001 W. Dr. Martin Luther King Jr. Blvd. Tampa, FL 33607 (813)870-4600

## PRELIMINARY REPORT

Patient: SIMS, CHARLES  
DOB: [REDACTED] Sex: M

Requesting: Craythorne, Charles Barry  
Attending: Craythorne, Charles Barry  
Interpreted By: Alexandra Kristel Rozas

CPI: [REDACTED]  
MRN: [REDACTED]  
Account: [REDACTED]  
Patient Status: Outpatient  
Patient Location: MRIJH

Craythorne, Charles Barry  
613 S Magnolia Avenue  
Tampa, FL 33606

ACC: 25392998 MRI SHOULDER WITHOUT CONTRAST/RT

Completed: 12/26/16 12:58 pm

MRI SHOULDER WITHOUT CONTRAST RIGHT

INDICATION: 26-year-old with shoulder playing focal

COMPARISON:

TECHNIQUE: MRI shoulder without contrast performed. Multiplanar, multisequence images obtained.

FINDINGS:

Acromioclavicular joint: The chronic clavicular joint is normal in appearance with suspicion for incomplete fusion of the acromion. There is trace subacromial subdeltoid fluid.

Rotator cuff: No fatty infiltration or atrophy identified involving the rotator cuff musculature. There is mild tendinosis of the supraspinatus. The infraspinatus is normal in appearance. The teres minor is normal in appearance. The subscapularis is normal in appearance. No full thickness tear or tendon retraction identified.

Biceps: The extra-articular biceps tendon is normal in appearance. The intra-articular biceps tendon is normal in appearance.

Labrum: Limited evaluation of the labrum without visualized tear. No bony cyst.

Articular cartilage: No full-thickness chondral defect identified.

Bones/soft tissues: Focal area of low signal intensity present within the humeral head which is favored to represent a bone island. No axillary lymphadenopathy.

There is a tear of the musculotendinous junction of the sternal head of the pectoralis major with 4 cm tendinous retraction (series 4, image 14, series 8, image 16). There is associated increased edema within the pectoralis musculature. There is perimuscular edema.

IMPRESSION: MUSCULOTENDINOUS RUPTURE OF THE STERNAL HEAD OF THE PECTORALIS MAJOR WITH 4CM RETRACTION.

Interpreted By: Alexandra Kristel Rozas

Transcribed By: IA

12/26/16 2:50 pm

Name: SIMS, CHARLES  
Exam: MRI SHOULDER WITHOUT CONTRAST

Location: MRIJH

Patient Status: O  
MRN: [REDACTED]

Printed: 12/26/2016 2:55PM

Page 1 of 1

12/26/2016

**CS-00552**

## FINAL REPORT

Patient: SIMS, CHARLES  
DOB: [REDACTED] Sex: MRequesting: Ramirez, Arnold M  
Attending: Ramirez, Arnold M  
Interpreted By: Paul Gregory Swartz, M.D.CPI: [REDACTED]  
MRN: [REDACTED]  
Account: [REDACTED]  
Patient Status: Outpatient  
Patient Location: MRIDIRamirez, Arnold M  
602 South Howard Avenue  
Tampa, FL 33606

ACC: 24943816 MRI KNEE WITHOUT CONTRAST /RT

Completed: 10/3/16 9:39 am

## MRI KNEE WITHOUT CONTRAST

INDICATION: Professional football player with inflammation in the right knee at game yesterday. Pain throughout the entire joint for one day.

COMPARISON: None

TECHNIQUE: MRI knee without contrast. Multiplanar, multisequence images obtained.

## FINDINGS:

Lateral meniscus intact.

Degenerated anterior horn medial meniscus at the anterior root attachment for example series 5 images 12 through 14. At the anterior root attachment it can be difficult to differentiate tear from degeneration given the normal anterior root attachment irregularity. The remainder of the anterior horn is completely intact.

ACL and PCL intact. 14 x 7 mm periligamentous cyst at the level of the posterior PCL attachment at the femur

Focal low-grade edema in the patellar tendon towards the patellar attachment without gap defect for tear. Finding compatible with focal mild patellar tendinitis.

Quadriceps tendon intact

The lateral collateral ligament complex and supporting structures intact.

Moderate to high-grade sprain of the medial retinaculum from the condylar attachment for example series 2 images 17 through 23. The medial collateral ligament intact. There is minimal edema within the posterior deep fibers of the MCL but no tear.

Mild pes anserine bursitis.

Moderate size joint effusion. Lateral tenaculum intact

Robust posterior joint capsule edema extending to the lateral gutter and medial gutter.

No myositis or asymmetric muscle atrophy.

No ossified loose bodies

Focal trochlear cartilaginous blistering and grade II chondromalacia and near full-thickness cartilaginous fissuring for example series 5 images 15 through 17 also present series 2 images 21 through 23. The patellar cartilage intact.

Medial and lateral compartment cartilage intact

Name: SIMS, CHARLES  
Exam: MRI KNEE WITHOUT CONTRAST

Location: MRIDI

Patient Status: O  
MRN: 2106187115

Printed: 10/03/2016 10:10AM

Page 1 of 2

10/03/2016

CS-00553

BayCare Outpatient Imaging Hyde Park  
2222 W Swann Ave Tampa, FL 33606-2426 (813)259-1900

## FINAL REPORT

No bone edema, fracture or dislocation.

**IMPRESSION:**

1. ROBUST CAPSULITIS AND SYNOVITIS ANTERIOR AND POSTERIOR JOINT CAPSULE
2. MODERATE JOINT EFFUSION
3. MODERATE TO HIGH-GRADE SPRAIN OF THE MEDIAL RETINACULUM FROM THE CONDYLAR ATTACHMENT. LOW-GRADE SPRAIN OF THE MCL AT THE FEMORAL ATTACHMENT
4. VERY LOW-GRADE PATELLAR TENDINITIS TOWARDS THE PATELLAR ATTACHMENT
5. MILD PES ANSERINE BURSITIS
6. IRREGULARITY AT THE MOST ANTERIOR ROOT ATTACHMENT ANTERIOR HORN MEDIAL MENISCUS. IT CAN BE DIFFICULT TO DIFFERENTIATE TEAR FROM DEGENERATION; FAVOR DEGENERATION GIVEN THE REMAINDER OF THE ANTERIOR HORN IS COMPLETELY INTACT. IT IS ALSO UNCOMMON TO HAVE AN ISOLATED TEAR OF THE ANTERIOR ROOT ATTACHMENT OF THE MEDIAL MENISCUS WITHOUT ANY BODY OR POSTERIOR HORN TEAR.

Electronically signed by Paul Swartz, M.D. RADIOLOGIST on 10/3/2016 10:05 AM

Thank you for this referral,



Diplomate American Board of Radiology

Interpreted By Paul Gregory Swartz, M.D.

Authenticated By: Paul Gregory Swartz, M.D. 10/3/16 10:07 am

Electronically Signed By: Paul Gregory Swartz, M.D. 10/3/16 10:07 am

Transcribed By: IA 10/3/16 10:07 am

Name: SIMS, CHARLES  
Exam: MRI KNEE WITHOUT CONTRAST

Location: MRIDI

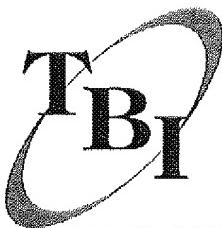
Patient Status: O

MRN: [REDACTED]

Printed: 10/03/2016 10:10AM

Page 2 of 2

CS-00554

**Tampa Bay Imaging - Tampa**

2700 W. Dr. MLK Jr. Blvd.

Suite 130

Tampa, FL 33607

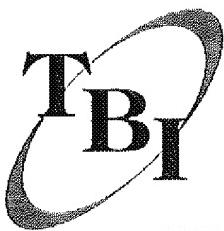
Phone: (813) 386-3674 Fax: (813) 386-0499

**Patient: SIMS, CHARLES****Exam Date:** 08/09/2016**MRN:** [REDACTED]**DOB:** [REDACTED]**Referring Physician: RAMIREZ, ARNOLD****FAX:** (813) 251-4290**MRI OF THE RIGHT FOOT WITHOUT CONTRAST****HISTORY:** MARKER AT SITE OF PAIN, PAIN X ONE WEEK.**REASON:** MARKER AT SITE OF PAIN, PAIN X ONE WEEK.**TECHNIQUE:** MRI of the right hindfoot without contrast was performed with a multiplanar multi-sequence technique.**COMPARISON:** 08/13/14**FINDINGS:**

There is mild thickening of the Achilles tendon compatible with tendinitis. Minimal edema is seen along the anterior margin of the tendon. This is a new finding compared with the prior exam. There is no Achilles tendon tear. The plantar fascia is intact. There is no acute fracture or bone contusion. The contour of the talar dome is preserved. The medial flexor tendons are intact. Postsurgical changes and scar tissue are seen along the peroneal tendons compatible with a repair/reconstruction of the retinaculum. The peroneal tendons are now normally located relative to the distal fibula. There is mild reactive marrow edema in the distal lateral tip of the fibula. There is no peroneal tendon tear. The extensor tendons are intact. There have been periportal tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament. Scar tissue is seen along the ligament. The deltoid ligament is intact. The fat planes within the sinus Tarsi are preserved. There is a small region of subcutaneous edema along the posteromedial margin of the calcaneus. This can be compatible with a soft tissue contusion. There is no marrow edema in the calcaneus. A very small region of cartilage thinning is again seen posteriorly in the tibial plafond.

**IMPRESSION:**

1. There is mild thickening of the Achilles tendon compatible with tendinitis. Minimal edema is seen along the anterior margin of the tendon. This is a new finding compared with the prior exam. There is no Achilles tendon tear.
2. Postsurgical changes and scar tissue are seen along the peroneal tendons compatible with a repair/reconstruction of the retinaculum. The peroneal tendons are now normally located relative to the distal fibula. There is mild reactive marrow edema in the distal lateral tip of the fibula. There is no peroneal tendon tear.
3. There have been periportal tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament. Scar tissue is seen along the

**Tampa Bay Imaging - Tampa**2700 W. Dr. MLK Jr. Blvd.  
Suite 130

Tampa, FL 33607

Phone: (813) 386-3674 Fax: (813) 386-0499

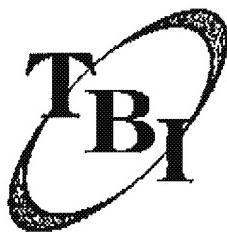
**Patient:** SIMS, CHARLES**Exam Date:** 08/09/2016**MRN:** [REDACTED]**DOB:** [REDACTED]**Referring Physician:** RAMIREZ, ARNOLD**FAX:** (813) 251-4290

ligament.

4. There is a small region of subcutaneous edema along the posteromedial margin of the calcaneus. This can be compatible with a soft tissue contusion. There is no marrow edema in the calcaneus.
5. A very small region of cartilage thinning is again seen posteriorly in the tibial plafond.

-Electronically Signed by: THORPE, MICHAEL MD

08/09/2016 9:07:04 AM

**Tampa Bay Imaging - Tampa**

2700 W. Dr. MLK Jr. Blvd.

Suite 130

Tampa, FL 33607

Phone: (813) 386-3674 Fax: (813) 386-0499

**Patient: SIMS, CHARLES**

MRN : [REDACTED]

**Referring Physician: RAMIREZ, ARNOLD****Exam Date:** 08/13/2014**DOB:** [REDACTED]**FAX:** (813) 251-4290**MRI OF THE RIGHT ANKLE WITHOUT CONTRAST****HISTORY:** LATERAL R ANKLE PAIN AND SWELLING. MARKER AT SITE OF PAIN**REASON:** LATERAL R ANKLE PAIN AND SWELLING. MARKER AT SITE OF PAIN**TECHNIQUE:** MRI of the right ankle without contrast was performed with a multiplanar multi-sequence technique.**COMPARISON:** NONE**FINDINGS:**

The Achilles' tendon is intact and there is no evidence of tendinitis. The plantar fascia is intact. There is no acute fracture or bone contusion. The contour of the talar dome is preserved. The medial flexor tendons are intact. The peroneal tendons are anterolaterally dislocated relative to the distal end of the fibula. There is a complete tear of the peroneal retinaculum. There is prominent adjacent lateral soft tissue edema and swelling. There is no peroneal tendon tear. The extensor tendons are intact. There are partial tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament. The deltoid ligament is intact. The fat planes within the sinus Tarsi are preserved. The contents of the tarsal tunnel are preserved. There are areas of cartilage thinning posteriorly in the tibial plafond and in the medial gutter of the tibiotalar joint. A small amount of tibiotalar joint fluid is present. A small subchondral cyst is seen posteriorly in the tibial plafond.

**IMPRESSION:**

1. The peroneal tendons are anterolaterally dislocated relative to the distal end of the fibula. There is a complete tear of the peroneal retinaculum. There is prominent adjacent lateral soft tissue edema and swelling. There is no peroneal tendon tear.
2. There are partial tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament.
3. There are areas of cartilage thinning posteriorly in the tibial plafond and in the medial gutter of the tibiotalar joint. A small amount of tibiotalar joint fluid is present. A small subchondral cyst is seen posteriorly in the tibial plafond.

-Electronically Signed by: THORPE, MICHAEL MD

08/13/2014 8:46:50 AM

# Medical Reports

**CS-00558**



5/23/2017

Dr. Barry Craythorne dictating on 5/23/17, on player Charles Sims.

Charles returns today now 4.5 months status post right pectoralis major tendon repair by Dr. Walton Lowe in Houston. He saw Dr. Lowe yesterday and was cleared for participation in no OTAs. He reports that he is has gradually progressed lifting activity over the past 2 weeks, now being able to lift 205 pounds 4 times. Typically, he would normally workout with 250 pounds for 10 reps. He reports slight tightness of the right shoulder with no pain. He reports no pain in either knee after having some issues with patellofemoral chondromalacia last season. Good response is noted from intra-articular PRP/Toradol injection. He takes no anti-inflammatory medication at present.

Preseason orthopedic examination was performed and completed on 5/23/17.

Impression: 1. 4.5 months status post right pectoralis major tendon repair. 2. Status post prior peroneal tendon repair, right ankle with no current issues. 3. History of patellofemoral chondromalacia of the knee with no current issues.

Recommendations: Plan gradual progression of lifting activity. The player has been cleared by Dr. Walt Lowe for participation in OTAs.

Dr. Barry Craythorne

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC



12/24/2016

Dr. Barry Craythorne dictating on Charles Sims.

Charles was evaluated on the sidelines complaining of an anterior instability event of the right shoulder. Mechanism of injury is unclear.

On examination on the sidelines an anteriorly subluxated right shoulder was palpated. Gentle inferior traction allowed reduction after a few moments. Sensory and motor functions are intact post reduction. Anterior capsular tenderness was present. The player demonstrated gradually increasing but still diminished strength to external rotation upon isometric contraction. Good biceps, triceps, and deltoid strength. Subscapularis appears intact with negative belly press test.

Impression: Anterior glenohumeral subluxation, right shoulder

Recommendations: Advised player to avoid the motion of abduction plus external rotation upon travel back to Tampa. I would like to obtain an MRI of the right shoulder along with baseline radiographs at 1 Buc Place. Further recommendations to follow the above study.

Dr. Barry Craythorne

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC

Injury/Illness Date: 07/14/2017 12:36 AM

Description: Bilateral

Clinical Codes: **Code Description**  
068130 Mouth Tooth Removal/Impacted

### **068130 Mouth Tooth Removal/Impacted**

#### **Rx:**

- Start Amoxicillin 250 MG/5ML Suspension Reconstituted Take 20 ML stat then 10ML Orally 4 times daily , Dispense: 150/300 Refills: 7 (Start Date: 07/25/2017)Notes: Walgreens Rx#2069105-03743 Dr. Frank BerdosSource: Slater,Bobby
- Start Hydrocodone-Acetaminophen 5-325 MG Tablet 1 tablet as needed Orally every 6 hrs , Dispense: 20 Refills: 0 (Start Date: 07/25/2017)Notes: Walgreens Rx#2069088-03743 Dr. Frank BerdosSource: Slater,Bobby

Orders:

**2017-07-14**

Notes: **User Detailed Note**

Slater,Bobby Charles had 4 wisdom teeth extracted by Dr. Frank Berdos.

Patient Name: Sims, Charles

Injury/Illness Right Chest Pectoralis Major Strain 3 Deg (Complete Tear)

Injury/Illness Date: 12/24/2016 06:30 PM

Description: Right

Clinical Codes: **Code Description**  
204310 Chest Pectoralis Major Strain 3 Deg (Complete Tear)

Background Details: 

- Nature of Injury **New Onset**
- When was the Injury Reported? **Immediately**
- Description of Onset **Charles c/o soreness in his right shoulder after making a tackle on an interception, His arm was horizontally abducted.**
- Team Activity When Injury Occurred **Game**
- Team Activity Game **Offense**
- If Offense **Interception (Offense)**
- Activity Segment **4th quarter**
- Foul **Not Applicable**
- Position at Time of Injury **Running Back**
- Position at Time of Injury: If Running Back **Halfback**
- Background Screen Complete: **Yes**
- At the time of onset, was the player removed from participation: **Yes, Player was removed and did not return to the session**
- Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**

### **204310 Chest Pectoralis Major Strain 3 Deg (Complete Tear)**

Procedures: CS-00561

Orders:

Rx:

- Start Norco 7.5-325 MG Tablet take 1-2 tablets Orally every 4- 6 hrs , Dispense: 60 Refills: 0 (Start Date: 01/04/2017)Source: TB,Consulting Provider

DI:

- MRI SHOULDER RT WO CONTRAST (Order date: 12/26/2016)

**2017-05-31**

Notes: **User Detailed Note**

Patient has been participating full in OTA's and has not come in for Ames, rehabilitation since his return. He was cleared for full participation John and has had no issues since. This injury is considered closed at this time. JWA, ATC

Rehab:

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 FWD/ 2 1/2 BWD]
- Graston Technique:1 (Sets): (Reps): (Lbs)
- Pec Minor Stretch:3 (Sets): (Reps): (Lbs)[manual]
- DB Shrugs:4 (Sets):20 (Reps):80 (Lbs)
- Bench Press:5 (Sets):4 (Reps):80 (Lbs)[dumbbell]
- upright row:4 (Sets):6 (Reps):35 (Lbs)
- Standing Cable Flys:4 (Sets):6 (Reps):25 (Lbs)[decline]
- Seated Rows:4 (Sets):6 (Reps):60 (Lbs)
- Med Ball Toss:4 (Sets):8 (Reps):15 (Lbs)

**2017-05-30**

Notes: **User Detailed Note**

Patient did not complete exercises as outlined. He participated in Px Ames, today with no complaints. Continue to progress weights as tolerated. John Monitor. JWA, ATC

Rehab:

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 FWD/ 2 1/2 BWD]
- Graston Technique:1 (Sets): (Reps): (Lbs)
- Pec Minor Stretch:3 (Sets): (Reps): (Lbs)[manual]
- DB Shrugs:4 (Sets):20 (Reps):80 (Lbs)
- Bench Press:5 (Sets):4 (Reps):80 (Lbs)[dumbbell]
- upright row:4 (Sets):6 (Reps):35 (Lbs)
- Standing Cable Flys:4 (Sets):6 (Reps):25 (Lbs)[decline]
- Seated Rows:4 (Sets):6 (Reps):60 (Lbs)
- Med Ball Toss:4 (Sets):8 (Reps):15 (Lbs)

**2017-05-25**

Notes: **User Detailed Note**

Ames, Patient did not complete rehab as outlined. Continue to monitor.  
John JWA, ATC

Rehab:

- UBE:(Sets):5 (Minutes): (Lbs)
- Graston:1 (Sets): (Reps): (Lbs)
- Pec Minor Stretch:3 (Sets):30 (Sec): (Lbs)
- BFR Wall Squats:4 (Sets):~~30~~005615,15 (Reps): (Lbs)
- BFR Calf Raises:1 (Sets):20 1E 1E 1E (Reps): (Lbs)

**2017-05-24****Notes: User Detailed Note**

Patient did not want to heat up and get graston today. He was not enthused about upper body exercises today. He did not want to warm up, and started too heavy on dumbbell bench today. He reported tightness in the anterior aspect of his shoulder. He was able to Ames, continue after doing a better warmup, and we went back to the John exercise after the warmup with lighter weight and he tolerated it well. Continue soft tissue mobilization and stretching of anterior shoulder. Continue PRE for upper body, and improve explosiveness of pressing motions. JWA, ATC

**Rehab:**

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 FWD/ 2 1/2 BWD]
- Graston Technique:1 (Sets): (Reps): (Lbs)
- Pec Minor Stretch:3 (Sets):30 (Sec): (Lbs)
- DB Shrugs:4 (Sets):20 (Reps):85 (Lbs)
- dumbbell bench press:4 (Sets):8 (Reps):55 (Lbs)
- upright row:4 (Sets):8 (Reps):35 (Lbs)
- Standing Cable Flys:4 (Sets):8 (Reps):20 (Lbs)[incline]
- Seated Rows:4 (Sets):8 (Reps):60 (Lbs)[wide grip]
- Med Ball Toss:4 (Sets):8 (Reps):15 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-05-23****Notes: User Detailed Note**

Patient wanted to do lower body BFR today following Px. He tolerated Ames, all on-field activity well today with no complaints. Continue to John monitor. JWA, ATC

**Rehab:**

- BFR Wall Squats:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Calf Raises:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kneeling Hamstring Curls:4 (Sets):30,15,15,15 (Reps): (Lbs)

**2017-05-22****Notes: User Detailed Note**

Patient saw Dr. Lowe in Houston today and was cleared for OTA's. He Ames, will see Dr. Craythorne tomorrow for his 2017 preseason physical. John JWA, ATC

**2017-05-19****Notes: User Detailed Note**

Patient did not report today. He did not complete exercises as Ames, John outlined. JWA, ATC

**Rehab:**

- Hot Pack/E.Stim:(Sets):15 (Minutes): (Lbs)[omnistim circulation]
- UBE:(Sets):5 (Minutes): (Lbs)
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- 3 Way Band Walks:4 (Sets):10 (Yards): (Lbs)
- DL BFR Shuttle:4 (Sets):30,15,15,15 (Reps): (Lbs)[jumps]
- BFR push ups:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kettlebell Swings:4 (Sets):30,15,15,15 (Reps): (Lbs)
- Slide Board:4 (Sets):30 (SS:00:56:03s)

Notes: **User Detailed Note**

Ames, Patient tolerated all lower extremity exercises well today. Continue John to progress as tolerated. JWA, ATC

- Rehab:
- Bike 10 min:1 (Sets): (Reps): (Lbs)
  - Power Squat Pro:4 (Sets):6 (Reps):315 (Lbs)
  - Glute Ham Raises :4 (Sets):6 (Reps): (Lbs)
  - Single Leg Squat:4 (Sets):6 (Reps):50 (Lbs)[DB]
  - Bear Squat Calf Raises:3 (Sets):15 (Reps):290 (Lbs)
  - Prone Hamstring Curl:4 (Sets):6 (Reps):90 (Lbs)

## 2017-05-17

- Rehab:
- Hot Pack:(Sets):10 (Minutes): (Lbs)
  - UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
  - supine wand:2 (Sets):20 (Reps):5 (Lbs)
  - alternating med ball pushup:2 (Sets):10 (Reps): (Lbs)
  - Bench Press:3 (Sets):8 (Reps):155,175,185 (Lbs)
  - DB Sidelying External Rotation:3 (Sets):12 (Reps):8 (Lbs)
  - Lat Pulldown (Underhand):3 (Sets):8 (Reps):70 (Lbs)
  - DB Fly:3 (Sets):8 (Reps):25 (Lbs)
  - MEDICINE BALL CHEST PASS:3 (Sets):8 (Reps):15 (Lbs)
  - Seated high rope pull:3 (Sets):8 (Reps):42.5 (Lbs)
  - Dumbbell Shoulder Press:3 (Sets):8 (Reps):45 (Lbs)[Arnolds]
  - Pec Deck:3 (Sets):8 (Reps):160 (Lbs)
  - Sled Pushes:5 (Sets):10 (Yards): (Lbs)
  - Sled Pulls:5 (Sets):10 (Yards): (Lbs)
  - 10sec-50sec:8 (Sets):76 (Yards): (Lbs)
  - Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-05-16

Notes: **User Detailed Note**

Ames, Patient tolerated all interventions well today and ran in the sand. He John reports that he has "fresh legs". Continue to progress as tolerated. JWA, ATC

- Rehab:
- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
  - Piezowave2:(Sets):5 (Minutes): (Lbs)
  - Bike:(Sets):7 (Minutes): (Lbs)
  - D.L. SHUTTLE LEG PRESS:4 (Sets):30,15,15,15 (Reps):4 (Bands)[BFR]
  - BFR RDLs:4 (Sets):30,15,15,15 (Reps):24 (Kg)
  - BFR Calf Raises:4 (Sets):30,15,15,15 (Reps):4 (Lbs)[shuttle]
  - Eccentric Kneeling Leg Curls:3 (Sets):6 (Reps):65 (Lbs)[SL]
  - Lateral Hop to Box Jump:2 (Sets):5 (Reps): (Lbs)
  - MULE KICKS ON SHUTTLE:3 (Sets):8 (Reps):3 (Bands)

## 2017-05-15

Notes: **User Detailed Note**

Ames, Patient tolerated all activity well today. He progressed in bench press John today and tolerated it well. No complaints with any exercises. Continue to progress as able. JWA, ATC

- Rehab:
- Hot Pack:(Sets):10 (Minutes): (Lbs)
  - UBE:(Sets):5 (Minutes): ~~15-30~~ 15-24 FWD/ 2 1/2 BWD]

- o Bench Press:5 (Sets):4 (Reps):155,175,185,185,205 (Lbs)
- o upright row:4 (Sets):6 (Reps):30 (Lbs)
- o Standing Cable Flys:4 (Sets):6 (Reps):35 (Lbs)[decline]
- o Seated Rows:4 (Sets):6 (Reps):135 (Lbs)
- o Med Ball Toss:4 (Sets):8 (Reps):15 (Lbs)

**2017-05-11**

**Notes: User Detailed Note**

Ames, Patient stated that he is feeling really good. He continues to improve  
 John in all phases of rehab. Continue to progress upper and lower body  
 PRE's and functional activity as tolerated. JWA, ATC

**Rehab:**

- o Hot Pack:(Sets):10 (Minutes): (Lbs)
- o UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- o Graston Technique:1 (Sets): (Reps): (Lbs)
- o Pec Minor Stretch:1 (Sets): (Reps): (Lbs)
- o supine wand:2 (Sets):20 (Reps):5 (Lbs)
- o Power Squat Pro:4 (Sets):6 (Reps):225,245,275,295 (Lbs)
- o Glute Ham Raises :4 (Sets):6 (Reps): (Lbs)
- o Lunge matrix:3 (Sets):3 (Reps):25 (Lbs)
- o Prone Hamstring Curls:4 (Sets):6 (Reps):100 (Lbs)
- o Bear Squat Calf Raises:3 (Sets):12 (Reps): (Lbs)
- o Sled Push:4 (Sets):10 (Yards): (Lbs)
- o Sled Pulls:4 (Sets):10 (Yards): (Lbs)
- o Field Running:1 (Sets): (Reps): (Lbs)

**2017-05-10**

**Notes: User Detailed Note**

Ames, Patient tolerated all activity well today with no complaints. Continue  
 John to progress as tolerated. JWA, ATC

**Rehab:**

- o Hot Pack:(Sets):10 (Minutes): (Lbs)
- o UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- o supine wand:2 (Sets):20 (Reps):5 (Lbs)
- o WALL MATRIX W/ BAND:3 (Sets):3 (Reps):red (Lbs)[on floor]
- o Bench Press:3 (Sets):8 (Reps):155,175,185 (Lbs)
- o DB Sidelying External Rotation:3 (Sets):12 (Reps):8 (Lbs)
- o Lat Pulldown (Underhand):3 (Sets):8 (Reps):70 (Lbs)
- o DB Fly:3 (Sets):8 (Reps):25 (Lbs)
- o MEDICINE BALL CHEST PASS:3 (Sets):8 (Reps):15 (Lbs)
- o Seated high rope pull:3 (Sets):8 (Reps):42.5 (Lbs)
- o Dumbbell Shoulder Press:3 (Sets):8 (Reps):40 (Lbs)[Arnolds]
- o Pec Deck:3 (Sets):8 (Reps):160 (Lbs)
- o Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-05-09**

**Notes: User Detailed Note**

Ames, Patient tolerated all Tx well today with no complaints. Continue to  
 John progress as tolerated. JWA, ATC

**Rehab:**

- o Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- o Piezowave2:(Sets):5 (Minutes): (Lbs)
- o Bike:(Sets):7 (Minutes): ~~QS-00565~~

- Eccentric Kneeling Leg Curls:3 (Sets):6 (Reps):65 (Lbs)[SL]
- Lateral Hop to Box Jump:2 (Sets):5 (Reps): (Lbs)
- MULE KICKS ON SHUTTLE:3 (Sets):8 (Reps):3 (Bands)

## 2017-05-08

### Notes: **User Detailed Note**

Ames,  
John Patient reported feeling good today. He has full AROM in all planes of motion. MMT reveals 5/5 in shoulder Flexion/Scaption/ER and 4/5 in IR. He reports soreness/tightness over his anterior shoulder going down into his bicep still. This does not limit him in any way. He continues to progress weights and has no issues with any specific movements. Continue to progress PRE's and functional activity as tolerated. JWA, ATC

### Rehab:

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- WALL MATRIX W/ BAND:3 (Sets):3 (Reps):red (Lbs)[on floor]
- Seated Chest Press:3 (Sets):8 (Reps):200 (Lbs)
- Lat Pulldown (Underhand):3 (Sets):8 (Reps):65 (Lbs)
- DB Fly:3 (Sets):8 (Reps):35 (Lbs)
- MEDICINE BALL CHEST PASS:3 (Sets):8 (Reps):15 (Lbs)
- Seated high rope pull:3 (Sets):8 (Reps):55 (Lbs)
- chest pullovers:3 (Sets):8 (Reps):55 (Lbs)[shoulders on bench]
- Dumbbell Shoulder Press:3 (Sets):8 (Reps):45 (Lbs)
- Pec Deck:3 (Sets):8 (Reps):140 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-05-05

### Notes: **User Detailed Note**

Ames,  
John Patient tolerated all activity well today with no issues. Continue as tolerated. JWA, ATC

## 2017-05-04

### Rehab:

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- Power Squat Pro:4 (Sets):6 (Reps): (Lbs)
- Glute Ham Raises :4 (Sets):6 (Reps): (Lbs)
- Step Ups:4 (Sets):6 (Reps): (Lbs)
- Barbell RDL:4 (Sets):6 (Reps): (Lbs)
- Bear Squat Calf Raises:3 (Sets):12 (Reps): (Lbs)
- Stepper Interval Conditioning:(Sets):15 (Minutes):16 (Level)
- Normatec:(Sets):20 (Minutes): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-05-03

### Notes: **User Detailed Note**

Ames,  
John Patient tolerated all activity well today. Continue to advance as tolerated. JWA, ATC

### Rehab:

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)

- DB Sidelying External Rotation:3 (Sets):12 (Reps):10 (Lbs)
- Lat Pulldown (Underhand):3 (Sets):8 (Reps):65 (Lbs)
- DB Fly:3 (Sets):8 (Reps):35 (Lbs)
- MEDICINE BALL CHEST PASS:3 (Sets):8 (Reps):15 (Lbs)
- Seated high rope pull:3 (Sets):8 (Reps):55 (Lbs)
- Dumbbell Shoulder Press:3 (Sets):8 (Reps):55 (Lbs)
- Pec Deck:3 (Sets):8 (Reps):140 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-05-02**

**Notes: User Detailed Note**

Patient tolerated all activity well today and had no complaints. His Ames, field running consisted of 10 30yd sprints, a 10 route series, and cone John sand drills with a sport cord. He stated everything felt great. Continue to progress as tolerated. JWA, ATC

**Rehab:**

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- D.L. SHUTTLE LEG PRESS:4 (Sets):30,15,15,15 (Reps):4 (Band(s))[BFR shuttle]
- BFR RDLs:4 (Sets):30,15,15,15 (Reps):24 (Kg)
- BFR Calf Raises:4 (Sets):30,15,15,15 (Reps):4 (Lbs)[shuttle]
- Eccentric Kneeling Leg Curls:3 (Sets):6 (Reps):65 (Lbs)[SL]
- Lateral Hop to Box Jump:2 (Sets):5 (Reps): (Lbs)
- Box Jumps:3 (Sets):4 (Reps): (Kg)
- MULE KICKS ON SHUTTLE:3 (Sets):8 (Reps):3 (Band(s))

**2017-05-01**

**Notes: User Detailed Note**

Patient tolerated all activity well today and reported that he is feeling Ames, great. He continues to improve on weights for PRE's. Continue to John progress as tolerated. JWA, ATC

**Rehab:**

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- WALL MATRIX W/ BAND:3 (Sets):3 (Reps):red (Lbs)[on floor]
- Seated Chest Press:3 (Sets):8 (Reps):200 (Lbs)
- Lat Pulldown (Underhand):3 (Sets):8 (Reps):65 (Lbs)
- DB Fly:3 (Sets):8 (Reps):35 (Lbs)
- MEDICINE BALL CHEST PASS:3 (Sets):8 (Reps):15 (Lbs)
- Seated high rope pull:3 (Sets):8 (Reps):55 (Lbs)
- Dumbbell Shoulder Press:3 (Sets):8 (Reps):45 (Lbs)
- Pec Deck:3 (Sets):8 (Reps):140 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-04-27**

**Notes: User Detailed Note**

Patient tolerated all activity very well. He continues to improve his Ames, strength and functional abilities. Continue to progress as tolerated. John JWA, ATC

**Rehab:**

- Hot Whirlpool:(Sets):10 ~~Q5-00567~~: (Lbs)

- BFR step ups:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kneeling leg curls:4 (Sets):30,15,15,15 (Reps): (Lbs)
- Cold Whirlpool:(Sets):10 (Minutes): (Lbs)

**2017-04-26**

**Notes: User Detailed Note**

Ames, Patient tolerated new exercises well today and stated that the John weights were easy. Continue to progress PRE's as tolerated. JWA, ATC

**Rehab:**

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- WALL MATRIX W/ BAND:3 (Sets):3 (Reps):red (Lbs)[on floor]
- Seated Chest Press:3 (Sets):8 (Reps):135 (Lbs)
- Lat Pulldown (Underhand):3 (Sets):8 (Reps):65 (Lbs)
- DB Fly:3 (Sets):8 (Reps):25 (Lbs)
- MEDICINE BALL CHEST PASS:3 (Sets):8 (Reps):15 (Lbs)
- Seated high rope pull:3 (Sets):8 (Reps):42.5 (Lbs)
- Dumbbell Shoulder Press:3 (Sets):8 (Reps):35 (Lbs)
- Pec Deck:3 (Sets):8 (Reps):130 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-04-25**

**Notes: User Detailed Note**

Ames, Patient tolerated all activity well. No complaints with any activity. John Continue to progress as tolerated. JWA, ATC

**Rehab:**

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- D.L. SHUTTLE LEG PRESS:4 (Sets):30,15,15,15 (Reps):4 (Band(s))[BFR shuttle]
- BFR RDLs:4 (Sets):30,15,15,15 (Reps):24 (Band(s))
- BFR Calf Raises:4 (Sets):30,15,15,15 (Reps):4 (Lbs)[shuttle]
- Eccentric Kneeling Leg Curls:3 (Sets):6 (Reps):65 (Kg)[SL]
- MULE KICKS ON SHUTTLE:3 (Sets):8 (Reps):3 (Band(s))

**2017-04-24**

**Notes: User Detailed Note**

Ames, Patient tolerated all activity well today with no complaints. John Continue as tolerated. JWA, ATC

**Rehab:**

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Cardinal Planes:3 (Sets):30,15,15,15 (Reps):10 (Lbs)[BFR]
- cable IR/ER:3 (Sets):30,15,15,15 (Reps):12.5 (Band(s))[BFR]
- Cable Rows:3 (Sets):30,15,15,15 (Reps):42.5 (Lbs)[BFR]
- DB Shrugs:3 (Sets):30,15,15,15 (Reps):20 (Lbs)[BFR]
- WALL MATRIX W/ BAND:3 (Sets):3 (Reps):red (Lbs)[on floor]
- Seated Chest Press:3 (Sets):8 (Reps):110 (Lbs)
- Pec Deck:3 (Sets):10 (Reps):130 (Kg)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-04-20**

**CS-00568**

- Rehab:
- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
  - Bike:(Sets):7 (Minutes): (Lbs)
  - BFR Single Leg Squats:4 (Sets):30,15,15,15 (Reps): (Lbs)
  - BFR Kneeling leg curls:4 (Sets):30,15,15,15 (Reps): (Lbs)
  - BFR Kettlebell Swings:4 (Sets):30,15,15,15 (Reps): (Lbs)
  - BFR RDLs:4 (Sets):30,15,15,15 (Reps): (Kg)
  - BFR Calf Raises:4 (Sets):30,15,15,15 (Reps): (Reps)[shuttle]

**2017-04-19**

- Notes:      **User      Detailed Note**
- Ames,      Patient had no complaints today. Continue as tolerated. JWA,  
John      ATC

- Rehab:
- Hot Pack:(Sets):12 (Minutes): (Lbs)
  - UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
  - supine wand:2 (Sets):20 (Reps):5 (Lbs)
  - WALL MATRIX W/ BAND:4 (Sets):30,15,15,15 (Reps): (Lbs)
  - Cardinal Planes:4 (Sets):30,15,15,15 (Reps):10 (Lbs)
  - DB Floor Press:4 (Sets):30,15,15,15, (Reps):55,10,10,10 (Lbs)
  - Seated high rope pull:3 (Sets):10 (Reps):42.5 (Lbs)
  - KETTLEBELL SHOULDER PRESS:3 (Sets):10 (Reps):16 (Kg)
  - Dumbbell Shrugs:3 (Sets):10 (Reps):80 (Lbs)
  - Cable Rows:3 (Sets):10 (Reps):45 (Lbs)
  - cable IR/ER:3 (Sets):12 (Reps):12.5 (Lbs)
  - Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-04-18**

- Notes:      **User      Detailed Note**
- Ames, Patient reported feeling good today and had no complaints. Continue John to progress as tolerated. JWA, ATC

- Rehab:
- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
  - Bike:(Sets):7 (Minutes): (Lbs)
  - BFR Lunges:4 (Sets):30,15,15,15 (Reps): (Lbs)
  - BFR Calf Raises:4 (Sets):30,15,15,15 (Reps): (Lbs)[shuttle]
  - BFR Kneeling leg curls:4 (Sets):30,15,15,15 (Reps): (Lbs)
  - Hydroworx pool:(Sets):10 (Minutes): (Lbs)[flush]
  - Cold Whirlpool:(Sets):10 (Minutes): (Lbs)

**2017-04-17**

- Notes:      **User      Detailed Note**
- Ames, Patient reported feeling really good today. He tolerated all activity John well today with no complaints. Continue to progress as tolerated. JWA, ATC

- Rehab:
- Hot Pack:(Sets):10 (Minutes): (Lbs)
  - UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
  - supine wand:2 (Sets):20 (Reps):5 (Lbs)
  - Cardinal Planes:3 (Sets):10 (Reps):10 (Lbs)[BFR]
  - WALL MATRIX W/ BAND:3 (Sets): (Reps):red (Band(s))[BFR]
  - cable IR/ER:3 (Sets):12 (Reps):12.5 (Band(s))[BFR]
  - Seated Chest Press:3 (Sets):8 (Reps):80 (Lbs)

- DB Shrugs:3 (Sets):10 (Reps):85 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-04-13**

Notes: **User Detailed Note**

Patient is doing extremely well with all activity. He continues to Ames, progress and reported that his weights all feel equal and the affected John side doesn't fatigue sooner than unaffected side. Continue to progress as tolerated. JWA, ATC

Rehab:

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- BFR Single Leg Squats:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kneeling leg curls:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kettlebell Swings:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR RDLs:4 (Sets):30,15,15,15 (Reps): (Kg)
- BFR Calf Raises:4 (Sets):30,15,15,15 (Reps): (Reps)[shuttle]

**2017-04-12**

Notes: **User Detailed Note**

Ames, Patient tolerated all upper body activity well today. See rehab tab for John detail. Continue to progress as tolerated. JWA, ATC

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- WALL MATRIX W/ BAND:4 (Sets):30,15,15,15 (Reps): (Lbs)
- Cardinal Planes:4 (Sets):30,15,15,15 (Reps):10 (Lbs)
- DB Floor Press:4 (Sets):30,15,15,15, (Reps):55,10,10,10 (Lbs)
- Seated high rope pull:3 (Sets):10 (Reps):42.5 (Lbs)
- KETTLEBELL SHOULDER PRESS:3 (Sets):10 (Reps):16 (Kg)
- Dumbbell Shrugs:3 (Sets):10 (Reps):80 (Lbs)
- Cable Rows:3 (Sets):10 (Reps):45 (Lbs)
- cable IR/ER:3 (Sets):12 (Reps):12.5 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-04-11**

Notes: **User Detailed Note**

Ames, Patient tolerated BFR lower body well today with no complaints. John Continue to progress as tolerated. JWA, ATC

Rehab:

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- BFR Single Leg Squats:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kneeling leg curls:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kettlebell Swings:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR RDLs:4 (Sets):30,15,15,15 (Reps): (Kg)
- BFR Calf Raises:4 (Sets):30,15,15,15 (Reps): (Reps)[shuttle]
- Hydroworx pool:(Sets):10 (Minutes): (Lbs)[flush]
- Cold Whirlpool:(Sets):10 (Minutes): (Lbs)

**2017-04-10**

Notes: **User Detailed Note**

CS-00570

Rehab:

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Cardinal Planes:3 (Sets):10 (Reps):10 (Lbs)[BFR]
- WALL MATRIX W/ BAND:3 (Sets): (Reps):red (Band(s))[BFR]
- DB Floor Press:4 (Sets):6 (Reps):65 (Lbs)[BFR]
- Cable Rows:3 (Sets):10 (Reps):35 (Lbs)
- Box Push Ups:3 (Sets):10 (Reps): (Lbs)
- KETTLEBELL SHOULDER PRESS:3 (Sets):10 (Reps):16 (Kg)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-03-30**Notes: **User Detailed Note**

Ames, Patient tolerated BFR well today. He continues to improve daily.  
 John Continue to progress as able. JWA, ATC

Rehab:

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- BFR Ball Squats:3 (Sets):30,15,15 (Reps): (Lbs)
- BFR Kneeling leg curls:3 (Sets):30,15,15 (Reps): (Lbs)
- BFR Calf Raises:3 (Sets):30,15,15 (Reps): (Lbs)
- Step Ups:3 (Sets):8 (Reps):15 (Lbs)
- Double Leg RDL:3 (Sets):8 (Reps):24 (Kg)
- Alter G Interval Walk/Run Intervals:4 (Sets): (Reps): (Lbs)[2min/2min @ 70%]
- Cold Whirlpool:(Sets):10 (Minutes): (Lbs)

**2017-03-29**

Rehab:

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- Biomed UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bwd]
- Cardinal Planes:3 (Sets):10 (Reps):5 (Lbs)
- Box Push Ups:3 (Sets):12 (Reps): (Lbs)
- DB Reverse Fly:3 (Sets):10 (Reps): (Lbs)
- DB Alt Hammer Curl:3 (Sets):8 (Reps): (Lbs)
- CABLE: TRICEP PUSHDOWN:3 (Sets):8 (Reps): (Lbs)[rope]
- cable IR/ER:3 (Sets):10 (Reps):12.5 (Lbs)
- half kneeling PNF cable:2 (Sets):10 (Reps):12.5 (Lbs)

**2017-03-28**Notes: **User Detailed Note**

Ames, Patient tolerated all lower body activity well today. He had no  
 John complaints. Continue to advance as able. JWA, ATC

Rehab:

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- BFR Single Leg Squats:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kneeling leg curls:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR Kettlebell Swings:4 (Sets):30,15,15,15 (Reps): (Lbs)
- BFR RDLs:4 (Sets):30,15,15,15 (Reps): (Kg)
- BFR Calf Raises:4 (Sets):30,15,15,15 (Reps): (Reps)[shuttle]
- Hydroworx pool:(Sets):10 (Minutes): (Lbs)[flush]
- Cold Whirlpool:(Sets):10 (Minutes): (Lbs)

**2017-03-27****CS-00571**

Case 1:23-cv-00358-JJR Document 125-12 Filed 03/04/25 Page 117 of 310  
E-Balot Patient tolerated all activity well today and is looking forward to Ames, doing BFR work again tomorrow. He increased weights on floor press John today and began a push up progression from a box. He is doing well, continue to advance as tolerated. JWA, ATC

Rehab:

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Cardinal Planes:3 (Sets):10 (Reps):10 (Lbs)
- WALL MATRIX W/ BAND:3 (Sets): (Reps):red (Band(s))
- DB Floor Press:4 (Sets):6 (Reps):65 (Lbs)
- Cable Rows:3 (Sets):10 (Reps):35 (Lbs)
- Box Push Ups:3 (Sets):10 (Reps): (Lbs)
- KETTLEBELL SHOULDER PRESS:3 (Sets):10 (Reps):16 (Kg)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-03-23**

Notes:

**User Detailed Note**

Patient tolerated all activity well. He continues to improve his weights Ames, with PRE's. Full AROM/PROM in all planes of motion. Plan is to John progress PRE's and functional activity as tolerated. JWA, ATC

Rehab:

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- BFR Ball Squats:3 (Sets):30,15,15 (Reps): (Lbs)
- BFR Kneeling leg curls:3 (Sets):30,15,15 (Reps): (Lbs)
- BFR Calf Raises:3 (Sets):30,15,15 (Reps): (Lbs)
- Step Ups:3 (Sets):8 (Reps):15 (Lbs)
- Double Leg RDL:3 (Sets):8 (Reps):24 (Kg)
- Alter G Interval Walk/Run Intervals:4 (Sets): (Reps): (Lbs)[2min/2min @ 70%]
- Cold Whirlpool:(Sets):10 (Minutes): (Lbs)

**2017-03-22**

Notes:

**User Detailed Note**

Patient reported feeling ill today. He had no fever (98.1) and felt that Ames, he could complete his exercises today. He completed all exercises John with no problems. Continue to progress as able. JWA, ATC

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Sec): (Reps)
- MRE: PNF D1/D2:3 (Sets):10 (Reps): (Lbs)
- Cardinal Planes:3 (Sets):10 (Reps):10 (Lbs)
- Chest press with tubing:3 (Sets):10 (Reps):black (Band(s))
- KETTLEBELL SHOULDER PRESS:3 (Sets):10 (Reps):12 (Kg)
- Cable Rows:3 (Sets):10 (Reps):30 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-03-16**

Rehab:

- Hot Pack:(Sets):10 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2.5fwd, 2.5bwd]
- Shoulder Wand Exercises CS (0053) 20 (Reps):5 (Lbs)

- DL RDL:4 (Sets):6 (Reps):24 (Kg)
- Single Leg Squat:4 (Sets):6 (Reps):12 (Kg)
- Slide Board:4 (Sets):30 (Sec): (Lbs)[/c ball toss]
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-03-15

Notes:      **User      Detailed Note**

Ames,      Patient did well with all PRE's today. Continue to progress as able.  
John      JWA, ATC

Rehab:      

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Sec): (Reps)
- MRE: PNF D1/D2:3 (Sets):10 (Reps): (Lbs)
- Cardinal Planes:3 (Sets):10 (Reps):10 (Lbs)
- Chest press with tubing:3 (Sets):10 (Reps):black (Band(s))
- DB Floor Press:3 (Sets):10 (Reps):40 (Lbs)
- Seated high rope pull:3 (Sets):10 (Reps):35 (Lbs)
- KETTLEBELL SHOULDER PRESS:3 (Sets):10 (Reps):12 (Kg)
- Cable Rows:3 (Sets):10 (Reps):30 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-03-14

Notes:      **User      Detailed Note**

Ames, Patient tolerated all Tx well today and had a good leg day with no  
John comlaints. Continue to progress according to protocol. JWA, ATC

Rehab:      

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Single Leg Squat:3 (Sets):10 (Reps): (Lbs)
- KNEELING LEG CURLS:4 (Sets):8 (Reps):50 (Reps)
- Step Ups w/ hip flexion:4 (Sets):8 (Reps): (Lbs)
- Power Squat Pro:4 (Sets):8 (Reps):225,225,245,275 (Lbs)
- Prone leg curls:4 (Sets):8 (Reps):120 (Lbs)
- Stepper Interval Conditioning:(Sets):15 (Minutes): (Lbs)
- Treadmill Retro Walk:(Sets):7 (Minutes): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-03-13

Notes:      **User      Detailed Note**

Ames, Patient did well with all activity today and had no complaints.  
John Continue as tolerated. JWA, ATC

Rehab:      

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Sec): (Reps)
- MRE: PNF D1/D2:3 (Sets):10 (Reps): (Lbs)
- Cardinal Planes:3 (Sets):10 (Reps):10 (Lbs)
- Chest press with tubing:3 (Sets):10 (Reps):black (Band(s))
- DB Floor Press:3 (Sets):~~10~~(~~0057~~)40 (Lbs)

## 2017-03-10

Notes:    **User    Detailed Note**

Slater, Charles has no complaints. He tolerated his rehab very well.  
Bobby Continue to advance as tolerated and monitor.

Rehab:    

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Single Leg Squat:3 (Sets):10 (Reps): (Lbs)
- KNEELING LEG CURLS:4 (Sets):8 (Reps):50 (Reps)
- Step Ups w/ hip flexion:4 (Sets):8 (Reps): (Lbs)
- Leg Press:4 (Sets):8 (Reps):275 (Reps)
- Prone leg curls:4 (Sets):8 (Reps):80 (Lbs)
- Stepper Interval Conditioning:(Sets):15 (Minutes): (Lbs)
- Treadmill Retro Walk:(Sets):7 (Minutes): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-03-09

Rehab:    

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Sec): (Reps)
- MRE: PNF D1/D2:3 (Sets):10 (Reps): (Lbs)
- Cardinal Planes:3 (Sets):10 (Reps):5 (Lbs)
- DB Floor Press:3 (Sets):10 (Reps):15 (Lbs)
- Seated high rope pull:3 (Sets):10 (Reps): (Lbs)
- KETTLEBELL SHOULDER PRESS:3 (Sets):10 (Reps):8 (Lbs)
- Cable Rows:3 (Sets):10 (Reps):30 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Kg)

## 2017-03-08

Notes:    **User    Detailed Note**

Slater, Charles has no complaints and denies residuals from yesterday.  
Bobby Continue to advance as tolerated and monitor.

Rehab:    

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Single Leg Squat:3 (Sets):10 (Reps): (Lbs)
- KNEELING LEG CURLS:4 (Sets):8 (Reps):50 (Reps)
- Step Ups w/ hip flexion:4 (Sets):8 (Reps): (Lbs)
- Leg Press:4 (Sets):8 (Reps):275 (Reps)
- Prone leg curls:4 (Sets):8 (Reps):80 (Lbs)
- Stepper Interval Conditioning:(Sets):15 (Minutes): (Lbs)
- Treadmill Retro Walk:(Sets):7 (Minutes): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-03-07

Notes:    **User    Detailed Note**

Slater, Charles has no complaints. He tolerated his rehab well. Continue to  
Bobby advance as tolerated and monitor.

- supine wand:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Sec): (Reps)
- Cardinal Planes:3 (Sets):10 (Reps):5 (Lbs)
- DB Floor Press:3 (Sets):10 (Reps):15 (Lbs)
- Cable Rows:3 (Sets):10 (Reps):30 (Lbs)
- KETTLEBELL SHOULDER PRESS:3 (Sets):10 (Reps):8 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Kg)

## 2017-03-02

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Prone shoulder packing:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Reps): (Lbs)
- Single Leg Squat:3 (Sets):10 (Reps): (Lbs)
- KNEELING LEG CURLS:3 (Sets):10 (Reps):50 (Lbs)
- Leg Press:3 (Sets):10 (Reps):275 (Lbs)
- Prone leg curls:3 (Sets):10 (Reps):80 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-03-01

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Sec): (Reps)
- ER/IR Isometrics:3 (Sets):10 (Reps): (Lbs)[5 sec hold]
- Cardinal Planes:3 (Sets):10 (Reps):5 (Lbs)
- Cable Rows:3 (Sets):10 (Reps):30 (Lbs)
- 2min-3min on field running:3 (Sets): (Reps): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-02-28

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Prone shoulder packing:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Reps): (Lbs)
- Single Leg Squat:3 (Sets):10 (Reps): (Lbs)
- KNEELING LEG CURLS:3 (Sets):10 (Reps):50 (Lbs)
- Leg Press:3 (Sets):10 (Reps):275 (Lbs)
- Prone leg curls:3 (Sets):10 (Reps):80 (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-02-27

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Sec): (Reps)

- 2min-3min on field running:3 (Sets): (Reps): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-02-23**

- Rehab:
- Hot Pack:(Sets):12 (Minutes): (Lbs)
  - UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
  - supine wand:2 (Sets):20 (Reps):5 (Lbs)
  - Shrugs:2 (Sets):20 (Reps): (Lbs)
  - Prone shoulder packing:2 (Sets):20 (Reps): (Lbs)
  - Supine Rhythmic Stabilization:3 (Sets):30 (Reps): (Lbs)
  - Single Leg Squat:3 (Sets):10 (Reps): (Lbs)
  - KNEELING LEG CURLS:3 (Sets):10 (Reps):50 (Lbs)
  - Leg Press:3 (Sets):10 (Reps):275 (Lbs)
  - Prone leg curls:3 (Sets):10 (Reps):80 (Lbs)
  - Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-02-22**

- Rehab:
- Hot Pack:(Sets):12 (Minutes): (Lbs)
  - UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
  - supine wand:2 (Sets):20 (Reps): (Lbs)
  - Shrugs:2 (Sets):20 (Reps): (Lbs)
  - Supine Rhythmic Stabilization:3 (Sets):30 (Sec): (Reps)
  - ER/IR Isometrics:3 (Sets):10 (Reps): (Lbs)[5 sec hold]
  - Cardinal Planes:3 (Sets):10 (Reps):5 (Lbs)
  - Cable Rows:3 (Sets):10 (Reps):30 (Lbs)
  - 2min-3min on field running:3 (Sets): (Reps): (Lbs)
  - Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-02-21****Notes: User Detailed Note**

Charles has no complaints. He denies residuals from yesterday. He Slater, tolerated his rehab well. Continue to advance as tolerated and Bobby monitor.

- Rehab:
- Hot Pack:(Sets):12 (Minutes): (Lbs)
  - UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
  - supine wand:2 (Sets):20 (Reps):5 (Lbs)
  - Shrugs:2 (Sets):20 (Reps): (Lbs)
  - Prone shoulder packing:2 (Sets):20 (Reps): (Lbs)
  - Supine Rhythmic Stabilization:3 (Sets):30 (Reps): (Lbs)
  - Single Leg Squat:3 (Sets):10 (Reps): (Lbs)
  - KNEELING LEG CURLS:3 (Sets):10 (Reps):50 (Lbs)
  - Leg Press:3 (Sets):10 (Reps):275 (Lbs)
  - Prone leg curls:3 (Sets):10 (Reps):80 (Lbs)
  - Game Ready:(Sets):20 (Minutes): (Lbs)

**2017-02-20****Notes: User Detailed Note**

Charles has no complaints. He tolerated his rehab well. Continue to Slater, advance as tolerated and monitor.  
Bobby

- Rehab:
- Hot Pack:(Sets):12 (Minutes): (Lbs)
  - UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]

- Prone shoulder packing:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Reps): (Lbs)
- ER/IR Isometrics:3 (Sets):10 (Reps): (Lbs)[5 sec hold]
- Cardinal Planes:3 (Sets):10 (Reps):5 (Lbs)
- Cable Rows:3 (Sets):10 (Reps): (Reps)
- 50 yd Build Ups:(Sets):5 (Laps): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-02-16

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Notes: **User Detailed Note**

Charles c/o soreness in his shoulder this morning and he reported Slater, that he felt better following graston. He tolerated his rehab well. Bobby Continue to advance as tolerated and monitor.

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Prone shoulder packing:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Reps): (Lbs)
- Single Leg Squat:3 (Sets):10 (Reps): (Lbs)
- KNEELING LEG CURLS:3 (Sets):10 (Reps): (Lbs)
- Leg Press:3 (Sets):10 (Reps): (Lbs)
- Prone leg curls:3 (Sets):10 (Reps): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-02-15

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Notes: **User Detailed Note**

Charles has no new complaints. He reports that he feels good. He Slater, tolerated his rehab well. Continue to advance as tolerated and Bobby monitor.

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Prone shoulder packing:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Reps): (Lbs)
- Cardinal Planes:3 (Sets):10 (Reps):0 (Lbs)
- Shoulder Tubing Rows:3 (Sets):15 (Reps): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-02-14

---

Notes: **User Detailed Note**

Charles has no complaints and denies residuals from yesterday. His Slater, AROM was better today with zero compensation. He tolerated his Bobby rehab well. Continue to advance as tolerated and monitor.

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps):5 (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Prone shoulder packing:~~10~~005770 (Reps): (Lbs)

- Leg Press:3 (Sets):10 (Reps): (Lbs)
- Prone leg curls:3 (Sets):10 (Reps): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-02-13

Notes: **User Detailed Note**

Slater, Charles returns today and has no complaints. He tolerated his rehab well. Continue to advance as tolerated and monitor.

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- UBE:(Sets):5 (Minutes): (Lbs)[2 1/2 fwd/bkwd]
- supine wand:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Prone shoulder packing:2 (Sets):20 (Reps): (Lbs)
- Supine Rhythmic Stabilization:3 (Sets):30 (Reps): (Lbs)
- Cardinal Planes:3 (Sets):10 (Reps):0 (Lbs)
- Shoulder Tubing Rows:3 (Sets):15 (Reps): (Lbs)
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2017-02-07

Notes: **User Detailed Note**

Slater, Dr. Lowe called me today to let me know he saw Charles yesterday. He told me that he looks great and will see him again in a month.

## 2017-02-06

Notes: **User Detailed Note**

Slater, Charles had a follow up with Dr. Lowe in Houston today. Office note to follow.

## 2017-01-19

Notes: **User Detailed Note**

Slater, Charles has no complaints. His sutures were snipped today. His incision is healed. He is returning to Houston and will return to Tampa following the Super Bowl.

## 2016-12-31

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- NormaTech Compression:(Sets):20 (Minutes): (Lbs)
- Elbow AROM Flex/Ext:2 (Sets):20 (Reps): (Lbs)
- Gameready:(Sets):20 (Minutes): (Lbs)

## 2016-12-30

Notes: **User Detailed Note**

Slater, Charles remains sore. He tolerated his treatment well. Plan is to have Dr. Lowe repair his pec next week.

## 2016-12-29

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- SAWS:2 (Sets):20 (Reps): (Lbs)
- BELLY RUBS:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Supine wand to 90:2 (Sets):20 (Reps): (Lbs)

CS-00578

**2016-12-28**Notes: **User Detailed Note**

Slater, Charles reports that his soreness is getting worse. He tolerated his treatment well. Waiting to hear back from Dr. Lowe regarding second Bobby opinion. Placed on injured reserve today.

## Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- SAWS:2 (Sets):20 (Reps): (Lbs)
- BELLY RUBS:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Supine wand to 90:2 (Sets):20 (Reps): (Lbs)
- NormaTech Compression:(Sets):20 (Minutes): (Lbs)
- Gameready:(Sets):20 (Minutes): (Lbs)

**2016-12-27**

## Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- SAWS:2 (Sets):20 (Reps): (Lbs)
- BELLY RUBS:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Supine wand to 90:2 (Sets):20 (Reps): (Lbs)
- NormaTech Compression:(Sets):20 (Minutes): (Lbs)
- Gameready:(Sets):20 (Minutes): (Lbs)

**2016-12-24**Notes: **User Detailed Note**

Charles c/o soreness in his left shoulder during the 4th quarter of the Slater, New Orleans game when he made a tackle on an interception. He Bobby describes a horizontal abduction type mechanism. He was removed from the game. See Dr. Craythorne dictation.

Patient Name: Sims, Charles

Injury/Illness: Left Knee Anterior Inflammation

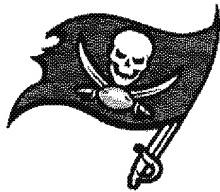
Injury/Illness Date: 10/02/2016 05:25 PM

Description: Left

Clinical Codes:	Code	Description
	406103	Knee Anterior Inflammation

Background Details:

- Nature of Injury **New Onset**
- When was the Injury Reported? **Immediately**
- Description of Onset **Charles c/o soreness in his left knee after he was tackled low by a defender.**
- Team Activity When Injury Occurred **Game**
- Team Activity Game **Offense**
- If Offense **Run (Outside Tackle (Offense))**
- Activity Segment **1st quarter**
- Foul **Not Applicable**
- Position at Time of Injury **Running Back**
- Position at Time of Injury: If Running Back **Halfback**
- Background Screen Complete? **Yes**



## BUCCANEERS

8/18/18

Dr. Leffers dictating on Charles Sims. Charles, on the opening kickoff was leg whipped on his right knee. He does not recall feeling a pop.

Clinical exam: He had full range of motion. No lateral sided tenderness. He did have tenderness over his medial condyle. Lachman was stable. He was stable to valgus stress in extension but gapped Grade 2 at 20° of flexion.

Assessment: Grade 2 MCL sprain right knee.

Plan: Treatment and bracing per staff. Reassessment tomorrow. Possible MRI.

Dr. Dave Leffers

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC

ONE BUCANEER PLACE | TAMPA, FL 33607 | T: 813.870.2700

**CS-00580**



# BUCCANEERS

8/19/18

Dr. Leffers dictating on Charles Sims MRI right knee. MRI demonstrates some proximal disruption of the deep MCL with superficial MCL intact. There is no meniscal or other ligamentous pathology. He does have some chronic wear on his trochlea which was treated a couple years ago and has been asymptomatic. There is no subchondral edema in this area.

Impression: Grade 2 MCL sprain right knee.

Plan: Treatment per staff; protective bracing. Estimated recovery 4-6 weeks.

Dr. Dave Leffers

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC

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**CS-00581**

2016-12-28

Notes: **User Detailed Note**

Slater, Charles reports that his soreness is getting worse. He tolerated his treatment well. Waiting to hear back from Dr. Lowe regarding second Bobby opinion. Placed on injured reserve today.

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- SAWS:2 (Sets):20 (Reps): (Lbs)
- BELLY RUBS:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Supine wand to 90:2 (Sets):20 (Reps): (Lbs)
- NormaTech Compression:(Sets):20 (Minutes): (Lbs)
- Gameready:(Sets):20 (Minutes): (Lbs)

2016-12-27

Rehab:

- Hot Pack:(Sets):12 (Minutes): (Lbs)
- SAWS:2 (Sets):20 (Reps): (Lbs)
- BELLY RUBS:2 (Sets):20 (Reps): (Lbs)
- Shrugs:2 (Sets):20 (Reps): (Lbs)
- Supine wand to 90:2 (Sets):20 (Reps): (Lbs)
- NormaTech Compression:(Sets):20 (Minutes): (Lbs)
- Gameready:(Sets):20 (Minutes): (Lbs)

2016-12-24

Notes: **User Detailed Note**

Charles c/o soreness in his left shoulder during the 4th quarter of the Slater, New Orleans game when he made a tackle on an interception. He Bobby describes a horizontal abduction type mechanism. He was removed from the game. See Dr. Craythorne dictation.

Patient Name: Sims, Charles

Injury/Illness: Left Knee Anterior Inflammation

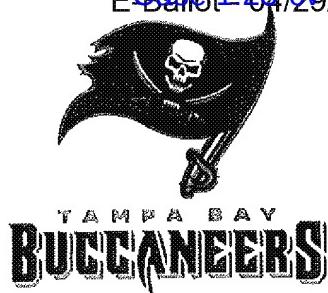
Injury/Illness Date: 10/02/2016 05:25 PM

Description: Left

Clinical Codes:	Code	Description
	406103	Knee Anterior Inflammation

Background Details:

- Nature of Injury **New Onset**
- When was the Injury Reported? **Immediately**
- Description of Onset **Charles c/o soreness in his left knee after he was tackled low by a defender.**
- Team Activity When Injury Occurred **Game**
- Team Activity Game **Offense**
- If Offense **Run (Outside Tackle (Offense))**
- Activity Segment **1st quarter**
- Foul **Not Applicable**
- Position at Time of Injury **Running Back**
- Position at Time of Injury: If Running Back **Halfback**
- Background Screen Complete: **CS-00582 yes**



7/30/18

Dr. Leffers dictating on Charles Sims. Charles was injured in practice yesterday, his left shoulder. He was blocking and had his arms forcibly pushed down and felt a strain in his left shoulder. He relates that it is already significantly improved today.

On his exam; he has some very minimal impingement soreness, but no weakness in his rotator cuff and I could not elicit any specific instability or labral signs.

Assessment: Mild rotator cuff strain.

Plan: Treatment per staff.

A handwritten signature in black ink, appearing to read "D. Leffers".

Dr. Dave Leffers

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC

ECase 1:23-cv-00358-JJR Document 125-12 Filed 03/04/23 Page 120 of 310  
Slater, right eye, reports that he may have DQ'd and then Maytaged yesterday  
Bobby during the Philadelphia game. He was evaluated by Dr. Ramirez, see  
dictation.

**Patient Name:** Sims, Charles  
**Injury/Illness:** Right Hip Flexor Strain  
**Injury/Illness Date:** 11/08/2015 05:53 PM  
**Description:** Right

**Clinical Codes:**

	<b>Code</b>	<b>Description</b>
	364030	Hip Flexor Strain

**Background Details:**

- Nature of Injury **New Onset**
- When was the Injury Reported? **Reported within 24 hrs**
- Description of Onset **Patient came into the Athletic Training Room for evaluation on the morning after the game with soreness in his anterior hip.**
- Team Activity When Injury Occurred **Game**
- Team Activity Game **Offense**
- If Offense **Unknown**
- Activity Segment **Not Applicable**
- Foul **Unknown**
- Position at Time of Injury **Running Back**
- Position at Time of Injury: If Running Back **Halfback**
- Background Screen Complete: **Yes**
- At the time of onset, was the player removed from participation: **Not applicable**
- Following the session, was the player restricted from participation in subsequent sessions? **Yes, restricted from subsequent session**

## 2015-11-11

**Notes: User Detailed Note**

Patient reported feeling better today. He was able to practice in a full Ames, capacity today, and had no residual issues. He came in /p Px and John stated that he was 100% and wanted to be taken off of the treatment sheet. This injury is considered resolved. JWA, ATC

**Rehab:**

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- Stretch:2 (Sets):30 (Sec): (Lbs)[Thomas stretch. Light]
- Game Ready:(Sets):20 (Minutes): (Lbs)

## 2015-11-10

**Notes: User Detailed Note**

Patient reported feeling much better. When asked if he would be able Ames, to practice tomorrow, he said he would definitely be able to practice. John Continue to treat and monitor. JWA, ATC

**Rehab:**

- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- Bike:(Sets):7 (Minutes): (Lbs)
- SLR 3-Ways:3 (Sets):10 (Reps): (Lbs)
- Game Ready:(Sets):20 (~~00:00:58.4~~ (Lbs)

## Attachments (112)

### FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPT. OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741

or contact your local EAO Office

Report all deaths within 24 hours 800-219-8953 or (850) 822-8053

RECEIVED BY CLAIMS HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION REC'D DATE

#### EMPLOYEE INFORMATION

NAME (First, Middle, Last) Charles Sims [REDACTED]	Social Security Number [REDACTED]	Date of Accident (Month/Day/Year) 11/8/15	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury) After the game my hip was sore.			
OCCUPATION Professional Football Player	INJURY/ILLNESS THAT OCCURRED Strain		PART OF BODY AFFECTED Right Hip Flexor
DATE OF BIRTH [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	EMPLOYER INFORMATION	

COMPANY NAME: Tampa Bay Buccaneers

O.B.A:

FEDERAL I.D. NUMBER (FEIN)

[REDACTED] 00-00585

NATURE OF BUSINESS

DATE FIRST REPORTED (Month/Day/Year)

11/8/15

Employer's Name E-Balto (813)	Date Case Filed 4/29/2021	File Number J70-2700	Date Employed 5/9/14	Last Date Employee Worked 11/8/15	Will You Continue To Pay Wages Instead Of Workers' Comp? <input checked="" type="checkbox"/> YES
Employer's Location Address (If different)		Return To Work IF YES, GIVE DATE		Last Day Wages Will Be Paid Instead Of Workers' Comp <u>/</u> <u>/</u>	
Street: _____ City: _____ State: _____ Zip: _____					
Location # (If applicable)		Date of Death (If applicable)		Rate of Pay <input type="checkbox"/> HR <input checked="" type="checkbox"/> WK \$10,384. PER <input type="checkbox"/> DAY <input type="checkbox"/> MO	
Place of Accident (Street, City, State, Zip) Street: Raymond James Stadium vs. New York Giants City: Tampa State: FL Zip: 33607		Agree With Description of Accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Number of hours per day _____ Number of hours per week _____ Number of days per week _____	
County of Accident Hillsborough				Name, Address and Telephone of Physician or Hospital 1 Buccaneer Place Tampa, FL 33607 (813) 870-2700	
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement.					
Employee Signature (If available to sign)		Date		Authorized by Employer <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Employer Signature		Date			

Carrier Information					
<input type="checkbox"/> 1a. Case denied - DWC-12, Notice of Denial attached. <input type="checkbox"/> 1b. Indemnity Only Denied Case - DWC-12, Notice of Denial Attached			<input type="checkbox"/> 2. Medical only which became Lost Time Case (Complete all info in #3). Employee's 8 <sup>th</sup> Day of Disability <u>      </u> / <u>      </u> / <u>      </u> Entity's Knowledge of 8 <sup>th</sup> Day of Disability <u>      </u> / <u>      </u> / <u>      </u>		
<input type="checkbox"/> 3. Lost time case - 1st day of disability: Date first payment mailed: <input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> Death			Salary continued in lieu of comp <input type="checkbox"/> YES AWW Salary End Date: Comp rate:		
Penalty Amount Paid In 1 <sup>st</sup> Payment \$ _____			Interest Amount Paid In 1 <sup>st</sup> Payment \$ _____		
Remarks:					
Insurer Code #	Employee's Risk Class Code	Employer's SIC Code	Insurer Name Claims Handling Entity Name, Address, & Telephone		
Service Co/TPA Code #	Claims Handling Entity File#		Is employer self-insured? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Form DFS-F2-DWC-1 (08/2004)

CS-00586



**CS-00587**

## OrthoCarolina

Patient: CHARLES SIMS  
 TAMPA BAY BUCCANEERS  
 ONE BUCCANEER PALCE  
 TAMPA, FL 33607

Age/DOB:  
 MRN:  
 Home:  
 Work:

Provider: Robert Anderson M.D.  
 Document Type: New Visit

Enc Date: 08/15/2014

**Chief Complaint**

Mr. SIMS is a 23 year old male who presents with ankle pain 08/15/2014 M. Whitfield, MOA

Location: VAIL1

Dictated Date: 08/16/2014

Accession #: cham20140818111510

**CHIEF COMPLAINT:**  
 Right ankle injury.

**HISTORY OF PRESENT ILLNESS:**

Charles is a very pleasant young man and professional football player for the Tampa Bay Buccaneers, now 23 years of age. He is a rookie out of Texas. He was participating in practice this week and running a route when he suddenly felt a "pop" and discomfort in the lateral aspect of his right ankle. He denies any specific injury or contact. He was found to have dislocated peroneal tendons afterwards. We have reviewed the MRI and confirm the diagnosis. We have discussed this case with head trainer, Bobby Slater as well as his agent, Jeff Nalley. He is here for further evaluation and surgical intervention. He denies any prior foot or ankle injuries of significance. He is otherwise in excellent health. He is from the Houston area. He denies allergies to medication. He denies use of tobacco products.

**PHYSICAL EXAMINATION:**

Examination notes a very healthy appearing young man in no apparent distress. He is alert and orient x3. No labored breathing. He is ambulating freely in a boot. With boot removed we note mild swelling about the right ankle. No malalignment. Sitting exam notes good skin turgor without adenopathy. Minimal ecchymosis laterally. He has dislocated peroneal tendons. They are reducible. They are reducible, but do not stay reduced. Tenderness overlies this area of the superior peroneal retinaculum. Ankle itself appears to have good range of motion and stability. Neurovascular is intact.

**RADIOGRAPHS:**

X-rays performed of the right ankle are unremarkable. No fleck sign is appreciated.

MRI is again reviewed and notes the chronic dislocation of the peroneal tendons. There is virtually no sulcus on the fibula itself.

**PLAN:**

As discussed in depth with the team and the player, he is in need of a reconstruction of the dislocated peroneal tendons. This will include groove deepening as well as SPR reconstruction. He understands the nature of the surgery and the postop course that follows. He understands the risks to include that of infection, wound healing problems, malunion/nonunion, neuritis/neuroma, recurrent or persistent pain and deformity. We will proceed as scheduled./ch

~Robert Anderson, M.D.

Printed By: Cindy Hamilton

1 of 2

08/18/2014 12:18PM

**CS-00588**

Patient: CHARLES SIMS  
MRN: [REDACTED]

OrthoCarolina

Encounter: 08/15/2014

CC: Bobby Slater, Head Athletic Trainer, Tampa Bay Buccaneers.

**Assessment**

Ankle joint pain (719.47).

Non-smoker (V49.89).

\*\*\*\*\*  
**Vital Signs**

Adult Vitals Panel Recorded by Whitfield, Michelle on August 15, 2014 03:40 PM

BP: 129/77 mm Hg

HR: 57 b/min

**Allergies**

No Known Drug Allergies.

**Current Meds**

No Reported Medications;; RPT.

**Active Problems**

Ankle joint pain (719.47).

**PMH**

Denial (799.29).

**PSH**

No history of surgery

**Family Hx**

No pertinent family history.

**Personal Hx**

Non-smoker (V49.89).

**ROS**

**Systemic:** No recurrent fever, no recent weight loss, and no recent weight gain.

**Head:** No headache.

**Eyes:** No vision problems.

**Otolarynginal:** No hearing loss and no hoarseness.

**Cardiovascular:** No chest pain or discomfort and no palpitations.

**Pulmonary:** No dyspnea and no chronic cough.

**Gastrointestinal:** Appetite not decreased. No dysphagia and no heartburn. No nausea, no vomiting, no abdominal pain, and no hematochezia.

**Genitourinary:** No hematuria and no change in urinary frequency. No dysuria.

**Endocrine:** No polydipsia and no temperature intolerance.

**Hematologic:** No easy bleeding and no tendency for easy bruising.

**Musculoskeletal:** Pain localized to one or more joints and joint swelling localized to one or more joints. No localized joint stiffness.

**Neurological:** No dizziness, no convulsions, and no numbness.

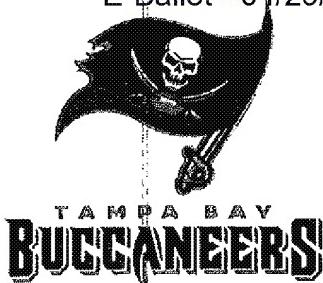
**Psychological:** No psychological symptoms and no sleep disturbances.

**Skin:** No dry skin. No skin lesions and no rash.

**M/S:** See HPI.

\*\*\*\*\*  
**Signature**

Electronically signed by : Robert Anderson M.D.; 08/18/2014 11:48 AM EST.



10/3/2016

This is Dr. Eaton dictating on Charles Sims; what right and left knees

Charles returns after the MRI on the right knee. He's complaining of stiffness involving the left knee as well.

Physical Exam: examination of the left knee shows he's got a trace effusion, tender in the patellofemoral area. He is otherwise neurovascularly intact.

MRI: MRIs reviewed which shows he has chondral changes at the patellofemoral joint and he has a strain of the medial capsule.

Impression chondral changes of the patellofemoral joint and strain of the medial capsule.

Plan: 1. Cortisone shot. Under sterile conditions the skin was prepped with Betadine and alcohol; 80 mg of Depo-Medrol and 10 mg of Marcaine were injected into the patellofemoral joint of both the right and left knees. This was done after the skin was prepped with Betadine and alcohol and sterile technique was used. 2. Anti-inflammatory, see if we can get him going with Celebrex 3. Continue rehabilitation as tolerated.

Dr. Eaton end the dictation.

Dr. Koco Eaton

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC



11/21/2016

Dr. Craythorne dictating on Charles Sims.

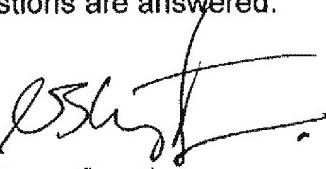
Charles returns today for evaluation of his right knee. When he last saw Dr. Lowe in Houston he received a PRP/Toradol injection and reports gradual continued improvement following that date. He rates his improvement as 95% at present. No pain ascending or descending stairs is reported. No mechanical symptoms of locking, catching, or giving way reported.

Examination reveals trace effusion right knee without patella tenderness nor tenderness over the extensor mechanism. Full range of motion is present. There is trace decreased quadriceps tone on the right in comparison to the left with full strength upon isometric testing of knee extension. There is negative Lachman's, pivot-shift test, posterior drawer test with full collateral stability at 0 and 30° flexion. Negative McMurray's test.

Most recent MRI of the right knee is reviewed personally today and is indicative of femoral trochlear cartilaginous fissuring. Patellar cartilage is well preserved.

Impression: femoral trochlear chondromalacia, right knee

Recommendations: The player has demonstrated significant improvement over the past several weeks. Present plan is to gradually increase his activity beginning practice this week. The player is also traveling to Houston tomorrow to follow-up with Dr. Lowe. All questions are answered.



Dr. Barry Craythorne

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC



8/27/2016

This is Dr. Eaton dictating on Charles Sims. What: left wrist

Charles comes in this morning complaining of left wrist pain/tightness. He said he got it jammed while holding a block during the game yesterday.

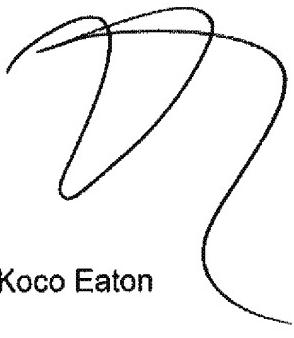
Physical Exam: Physical exam shows that he's got no tenderness over the scapholunate joint. He has some tenderness with extension of the wrist. He's otherwise nervously intact, negative clunk test with radial and ulnar deviation.

X-rays: X-rays were taken which shows he's got a scapholunate disassociation with widening of 3 mm. He also has calcification of the remnant ligament in this area.

Impression is an old scapholunate disruption.

Recommendations: 1. Treatment 2. In talking to him, he says he hurt his wrist years ago and has always had problems with dorsal extension. Therefore it does not appear to be a new injury, but an aggravation of an old injury. As a result we will not get an MRI. However, if he continues to have problems we would get MRI and have him evaluated by Dr. Carlin, the hand specialist.

Dr. Eaton end dictation, thanks.

  
Dr. Koco Eaton

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC



12/26/2016

Dr. Barry Craythorne dictating on Charles Sims.

Charles presents for follow-up of his right arm/shoulder injury. He remembers having his arms abducted and elbow extended and having his shoulder and elbow extended against resistance during a football play. He points to the upper biceps muscle belly on the right as site of some discomfort.

Examination of the right arm reveals a small area of ecchymosis centrally over the upper biceps muscle belly with no inferior nor superior translation of the muscle belly upon isometric contraction of elbow flexion against resistance or forearm supination against resistance. There is good strength upon elbow flexion against resistance and forearm supination against resistance. Pectoralis major tendon appears intact upon pressing the hands in on the hips and upon isometric testing of pec function with the shoulders at 90° of forward flexion with resisted internal rotation of the forearms in a pec dec maneuver. No medial retraction of the right pectoralis major noted. There is good end point upon anterior translation of the humeral head on Lachman's testing with no inferior/posterior translation noted. Negative clunk test. Full shoulder range of motion.

Impression: Biceps brachii strain, right arm

Recommendations: I continue to recommend an MRI of the right shoulder with imaging of the proximal arm to further delineate grade of injury and the anatomy of the injury. Further recommendations to follow review of MRI.

Dr. Barry Craythorne

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC

# EXHIBIT FF

# EXHIBIT FF

**CS-00594**

# EXHIBIT CC

# EXHIBIT CC

**CS-00595**

# EXHIBIT DD

# EXHIBIT DD

**CS-00596**

# EXHIBIT EE

# EXHIBIT EE

**CS-00597**

# EXHIBIT FF

# EXHIBIT FF

**CS-00598**

# EXHIBIT GG

# EXHIBIT GG

**CS-00599**

# ATHLAW LLP

## CHARLES SIMS T&P, LOD, AND NC APPLICATIONS EXHIBIT LIST

<b>Exhibit A</b>	Right Ankle Operative Report Dated August 16, 2014
<b>Exhibit B</b>	Right Shoulder Operative Report Dated January 4, 2017
<b>Exhibit C</b>	Buccaneers Report by Dr. Barry Craythorne Dated May 23, 2017
<b>Exhibit D</b>	Cervical Spine EMG Report Dated February 19, 2020
<b>Exhibit E</b>	Cervical Spine MRI Dated February 19, 2020
<b>Exhibit F</b>	Buccaneers Right Shoulder Injury Report by Dr. Barry Craythorne Dated December 24, 2016
<b>Exhibit G</b>	Right Shoulder MRI Report Dated February 19, 2020
<b>Exhibit H</b>	Buccaneers Right Shoulder Injury Report Dated December 24, 2016
<b>Exhibit I</b>	Buccaneers Right Knee Injury Report Dated August 18, 2018
<b>Exhibit J</b>	Right Knee MRI Report Dated August 19, 2018
<b>Exhibit K</b>	Buccaneers Right Knee Injury Report Dated August 19, 2018
<b>Exhibit L</b>	Left Shoulder MRI Report Dated February 19, 2020
<b>Exhibit M</b>	Buccaneers Left Shoulder Injury Report Dated December 24, 2016
<b>Exhibit N</b>	Buccaneers Left Shoulder Injury Report Dated July 30, 2018
<b>Exhibit O</b>	Buccaneers Right Hip Injury Report Dated November 8, 2015
<b>Exhibit P</b>	Right Hip MRI Report Dated February 19, 2020
<b>Exhibit Q</b>	Right Hip Florida Workers' Compensation First Report Dated November 8, 2015
<b>Exhibit R</b>	Right Knee MRI Report Dated October 3, 2016
<b>Exhibit S</b>	Neck and Head Injury Screenshot
<b>Exhibit T</b>	Brain MRI Report Dated February 19, 2020
<b>Exhibit U</b>	Lumbar Spine MRI Dated February 19, 2020
<b>Exhibit V</b>	OrthoCarolina Admin Note Dated August 15, 2014
<b>Exhibit W</b>	Right Ankle MRI Report Dated August 13, 2014
<b>Exhibit X</b>	Right Foot MRI Report Dated August 9, 2016
<b>Exhibit Y</b>	Buccaneers Right Knee Injury Report Dated October 3, 2016
<b>Exhibit Z</b>	Buccaneers Right Knee Injury Report Dated November 21, 2016
<b>Exhibit AA</b>	Right Knee MRI Report Dated February 19, 2020

CS-00600

# ATHLAW LLP

<b>Exhibit BB</b>	Left Knee MRI Report Dated February 19, 2020
<b>Exhibit CC</b>	Left Hip MRI Report Dated February 19, 2020
<b>Exhibit DD</b>	Right Shoulder MRI Report Dated December 26, 2016
<b>Exhibit EE</b>	Buccaneers Left Wrist Injury Report Dated August 27, 2016
<b>Exhibit FF</b>	Declaration of Charles Sims
<b>Exhibit GG</b>	Buccaneers Right Shoulder Injury Report Dated December 26, 2016

CS-00601

# EXHIBIT A

# EXHIBIT A

**CS-00602**

# EXHIBIT B

# EXHIBIT B

**CS-00603**

# **EXHIBIT C**

# **EXHIBIT C**

**CS-00604**

# **EXHIBIT D**

# **EXHIBIT D**

**CS-00605**

# EXHIBIT E

# EXHIBIT E

**CS-00606**

# EXHIBIT I

# EXHIBIT I

**CS-00607**

# **EXHIBIT F**

# **EXHIBIT F**

**CS-00608**

# **EXHIBIT G**

# **EXHIBIT G**

**CS-00609**

# EXHIBIT H

# EXHIBIT H

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**CS-00618**

# EXHIBIT R

# EXHIBIT R

**CS-00619**

# **EXHIBIT S**

# **EXHIBIT S**

**CS-00620**

# EXHIBIT T

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**CS-00621**

# EXHIBIT U

# EXHIBIT U

**CS-00622**

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# **EXHIBIT V**

**CS-00623**

# **EXHIBIT W**

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**CS-00624**

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# EXHIBIT X

**CS-00625**

# EXHIBIT Y

# EXHIBIT Y

**CS-00626**

# EXHIBIT Z

# EXHIBIT Z

**CS-00627**

# EXHIBIT AA

# EXHIBIT AA

**CS-00628**

# EXHIBIT BB

# EXHIBIT BB

**CS-00629**

# EXHIBIT CC

# EXHIBIT CC

**CS-00630**

# **EXHIBIT DD**

# **EXHIBIT DD**

**CS-00631**

# EXHIBIT EE

# EXHIBIT EE

**CS-00632**



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202  
Phone 800.638.3186  
Fax 410.783.0041

### PHYSICIAN REPORT FORM - ORTHOPEDICS

#### LINE-OF-DUTY DISABILITY BENEFITS

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Charles Sims DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Player's address: \_\_\_\_\_

Player's Credited Seasons: 2014-2018 (5)

Claimed impairments: See application

1. Did you receive records for this  YES  NO If so, how many pages? 126
2. Did you evaluate the Player?  YES  NO If so, 03/24/2021
3. Have you or your colleagues ever treated the Player previously?  YES  NO
4. For **ORTHOPEDIC IMPAIRMENTS**, please rate the impairment(s) using the Point System for Orthopedic Impairments. (Attach additional sheets if necessary.)

#### ANKLE

##### RIGHT ANKLE

Impairment	Occur.	Points	Cause	Comments
S/P Peroneal Tendon Repair	1	2	<input type="checkbox"/> Illness <input type="checkbox"/> Other- <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	Right ankle fibular groove deepening, excision of peroneus quartus muscle; peroneal synovectomy and brevis repair; and reconstruction of superior peroneal retinaculum done on

08/16/2014 by Dr. Robert Anderson (DMS, 5).

**RIGHT ANKLE POINTS TOTAL:** 2

**SHOULDER**

**RIGHT SHOULDER**

Impairment	Occur.	Points	Cause	Comments
S/P Pectoralis Major Tendon Repair	1	2	<input type="checkbox"/> Illness <input type="checkbox"/> Other-__ <input checked="" type="checkbox"/> NFL football <input type="checkbox"/> Unknown	Open repair of sternal head of right pectoralis major tendon done on 1/4/2017 by Dr. Walter Lowe (DMS, 2-4).

**RIGHT SHOULDER POINTS TOTAL:** 2

**Impairments**

**RIGHT ANKLE POINTS TOTAL:** 2

**RIGHT SHOULDER POINTS TOTAL:** 2

**Impairments Total** 4

5. Is the Player's condition the primary or contributory cause of the surgical removal or major functional impairment of a **vital bodily organ or part of the central nervous system?**  YES  NO

**If you checked YES:**

Identify the affected body part or impairment(s) and describe the nature of the resulting surgical removal or major functional impairment.

Has this condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?  YES  NO

6. Do you have any additional remarks?

He does have a right knee MCL injury sustained while playing football in the NFL. However, on examination, he has minimal laxity. The most recent MRI in 2020 did not mention any MCL pathology. He was able to play after the injury while in the NFL. This does not constitute symptomatic instability. The right acromioclavicular joint symptomatic inflammation was difficult to assess. He did have an injury in the NFL and the current radiographs demonstrate hypertrophy of the right distal clavicle as compared to the left. However, this radiographic finding is not uncommon. The other parameters to assess the AC joint by x-ray were normal. On examination, he had tenderness with palpation of the AC joint, but it was no more tender than any other structure palpated of either the right or left shoulder.

Please provide the required narrative report with this form.

- I reviewed all records of this Player provided to me.
- I personally examined this Player.
- This Physician Report Form and the attached narrative report(s) accurately document my findings.
- My findings reflect my best professional judgment.
- I am not biased for or against this Player.

Hussein Elkousy

Signature

03/28/2021

Date

**Comments**



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
 Baltimore, Maryland 21202  
 Phone: 800.638.3186  
 Fax: 410.783.0041

### PHYSICIAN REPORT FORM

#### TOTAL & PERMANENT DISABILITY BENEFITS

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

Player Name: Charles Sims      DOB: \_\_\_\_\_      Phone: \_\_\_\_\_

Player's address: \_\_\_\_\_

Player's Credited Seasons: 2014-2018 (5)

Claimed impairments: See application

1. Did you receive records for this Player?  YES |  NO If so, how many pages? 130.
2. Did you evaluate the Player?  YES |  NO If so, when? 03/24/2021
3. Have you or your colleagues ever treated the Player previously?  YES |  NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)? (Attach additional sheets if necessary.)

Impairment to	Cause of impairment

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit?

YES |  NO  
 Unable to Determine

**If you checked YES:**

- Describe the impairments and explain how they prevent the Player from working.  
\_\_\_\_\_
- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?  
 YES |  NO

**If you checked NO:**

- Describe the type of employment in which the Player can engage.  
He can engage in medium duty capacity occupations based on his orthopedic examination.

6. Do you have any additional remarks? He has some mild impairment s noted in the narrative.

Please provide the required narrative report with this form.

I certify that:

- I reviewed all records of this Player provided to me.
- I personally examined this Player.
- This Physician Report Form and the attached narrative report(s) accurately document my findings.
- My findings reflect my best professional judgment.
- I am not biased for or against this Player.

Hussein Elkousy  
Signature

03/26/2021  
Date

**Comments**

**Hand and Upper Extremity Surgery****Microsurgery**

James B. Bennett, M.D., P.A.  
C. Craig Crouch, M.D., P.A.  
Thomas L. Mehilhoff, M.D., P.A.  
Idris S. Gharbaoui, M.D., P.A.  
Randy Y. Liu, M.D., P.A.

**Shoulder Surgery and Arthroscopy**

Hussein A. Elkousy, M.D., P.A.  
T. Bradley Edwards, M.D., P.A.  
J. Michael Bennett, M.D., P.A.  
Barrett S. Brown, M.D., P.A.  
K. Mathew Warnock II, M.D., P.A.  
Marilyn E. Copeland, M.D., P.A.  
Mutaddal M. Gombera, M.D., P.A.  
Brent J. Morris, M.D., P.A.

**Joint Implant Surgery**

Richard J. Kearns, M.D., P.A.  
Gregory W. Stocks, M.D., P.A.  
Vasilios Mathews, M.D., P.A.  
Robin N. Goyta, M.D., P.A.  
Anay R. Patel, M.D., P.A.

**Sports Medicine****and Surgery of the Knee**

Hussein A. Elkousy, M.D., P.A.  
J. Michael Bennett, M.D., P.A.  
Steven E. Nolan, M.D., P.A.  
Barrett S. Brown, M.D., P.A.  
K. Mathew Warnock II, M.D., P.A.  
Marilyn E. Copeland, M.D., P.A.  
Mutaddal M. Gombera, M.D., P.A.

**Iliarov Surgery and Limb Reconstruction**

Mark R. Brinker, M.D., P.A.

**Pediatric Orthopedic Surgery**

Gary T. Brock, M.D., P.A.  
Idris S. Gharbaoui, M.D., P.A.

**Scoliosis and Pediatric Spinal Deformity**

Gary T. Brock, M.D., P.A.

**Reconstructive Spinal Surgery**

Jeffrey A. Kozak, M.D., P.A.  
J. Bryan Williamson, M.D., P.A.  
Joseph G. Allen, Jr., M.D., P.A.  
David W. Wimberley, M.D., P.A.  
Ryan M. Stuckey, M.D., P.A.

**Surgery of the Foot and Ankle**

David P. Loncarich, M.D., P.A.  
David M. Bloome, M.D., P.A.  
Tomiko Fukuda, M.D., P.A.

**Trauma-Acute and Reconstructive**

Mark R. Brinker, M.D., P.A.

**General Orthopedic Surgery**

J. Kevin Horn, M.D., P.A.  
Wayne O. Alani, M.D., P.A.  
Robert L. Burke, M.D., P.A.  
G. Robert Boone, M.D., P.A.  
Barry D. Boone, M.D., P.A.  
Eugene C. Lou, M.D., P.A.  
Joseph C. Allen, Jr., M.D., P.A.  
K. Mathew Warnock II, M.D., P.A.  
J. Michael Bennett, M.D., P.A.  
Steven E. Nolan, M.D., P.A.  
Marilyn E. Copeland, M.D., P.A.  
Mutaddal M. Gombera, M.D., P.A.

**Endocrinology, Diabetes and Metabolism**

Yonna T. Monta, M.D., P.A.

**Internal Medicine and Infectious Diseases**

Seema Shah, M.D., P.A.

**Rheumatology**

Holly J. Jones, M.D., P.A.

**Physical Medicine and Rehabilitation**

Michael J. Vennix, M.D., P.A.

**Pain Management**

Jeff M. Arthur, M.D., P.A.  
Uday V. Doctor, M.D., P.A.  
Michael T. McCann, M.D., P.A.

**Player: Charles Sims**

**DOB:** [REDACTED]

**DOE:** 03/24/2021

**Hussein A. Elkousy, M.D., P.A.**

**Sports Medicine**

**Surgery of the Knee and Shoulder**  
**Board Certified**

**History of present illness:**

Mr. Sims is a 30-year-old male who presents for Line of Duty (LOD) and Total and Permanent Disability (T&P) Evaluations. My review included 104 pages of records provided by the NFLPB Document Management System (DMS), 22 pages of the LOD application, and 26 pages of the T&P application.

Records and internet search confirm years played:

2014-2017 Tampa Bay Buccaneers

**Patient Verbal History:**

The patient insisted on reviewing his history as written by his lawyer. I explained to him that I had already reviewed them.

He complains of pain of many body parts.

He has pain in his neck. He refers that back to a collision with JJ Watt. He has numbness and tingling in his right hand. He specifically states that he has difficulty with activities of daily living such as turning his neck while driving. He states that he has a radiculopathy based upon his EMG and MRI.

He has bilateral shoulder pain right more than left. He has popping and clicking in both shoulders. He states that he cannot lie down on the right side. He has weakness in both, but more on the right side. He points out that he has AC joint arthritis on both sides and that it is symptomatic. He almost always has soreness. The right shoulder weakness increased after his pectoralis major surgery. He states that he never recovered his function. He denies any elbow problems.

He states he has bilateral wrist soreness.

He denies any hand problems.

He complains of lower back pain.

He complains of bilateral hip pain right more than left. He feels a popping, clicking, and pulling.

He complains of right knee pain, popping, instability. He relates this to his MCL injury.

He complains of left knee pain as well.

He complains of bilateral ankle pain right more than left. He states he has had problems ever since his right ankle surgery. He says he had a complete dislocation of two tendons.

He complains of both feet aching.

**Past Medical History:**

None

**Past Surgical History (operative reports in DMS):**

1. Open repair of sternal head of right pectoralis major tendon done on 1/4/2017 by Dr. Walter Lowe (DMS. 2-4).
2. Right ankle fibular groove deepening, excision of peroneus quartus muscle; peroneal synovectomy and brevis repair; and reconstruction of superior peroneal retinaculum done on 08/16/2014 by Dr. Robert Anderson (DMS. 5).

**Past Surgical History (per patient):**

Above surgeries confirmed.

**Medications:**

None

**Allergies:**

NKDA

**Physical examination:**

Height: 6' 0"      Weight: 185 lb. stated

The examination was done using a reflex hammer to test reflexes and a tape measure to measure limb girth.

The patient's pain and discomfort responses seemed out of proportion. I did explain to him that a lack of effort may result in an accurate assessment. He is well proportioned and symmetric with **superior** muscle tone and no atrophy.

General limb circumferences:

Site (at maximum girth)	Right (cm)	Left (cm)
Upper arm	34	34
Forearm	29	28
Thigh (15 cm prox to sup pole)	48	48
Calf (13 cm distal to inf pole)	39	38

Deep tendon reflexes:

	Right	Left
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**CS-00639**

Triceps	2+	2+
Biceps	2+	2+
Brachioradialis	1+	1+
Patellar tendon	2+	1+
Achilles	1+	1+

Cervical spine examination:  
Supple, no spasm or muscle guarding.

Shoulder examination:

ROM	Right (degrees)	Left (degrees)
Forward flexion	80	80
Extension	20	20
Abduction	40	40
Adduction	0	0
External rotation at 90	Cannot measure	Cannot measure
Internal rotation at 90	Cannot measure	Cannot measure

Instability cannot be assessed because of his apparent lack of motion. There is a vertical scar in the right axillary region consistent with prior pectoralis major surgery. With activation of the pectoralis, there are minor defects on both right and left chest walls which appear relatively symmetric. There is excellent pectoralis major muscle bulk on both sides. There is excellent pectoralis major tone on both sides.

He is tender diffusely to palpation even over nonanatomic areas of the shoulder. He is not specifically tender over the acromioclavicular joint on either side. There is mild prominence of the right acromioclavicular joint.

Elbow examination:

ROM	Right (degrees)	Left (degrees)
Flexion	110	110
Extension	0	0
Pronation	70	70
Supination	70	70

Wrist examination:

ROM	Right (degrees)	Left (degrees)
Flexion	50	40
Extension	50	40

Radial deviation	30	30
Ulnar deviation	30	30

Hand examination:

He has normal-appearing hands with no deformities.

Lumbar examination:

Supple, no spasm or muscle guarding.

Hip examination:

ROM	Right (degrees)	Left (degrees)
Flexion	120	120
Extension	0	0
Abduction	60	60
Adduction	20	20
ER	60	60
IR	20	20

Knee examination:

Right knee: no effusion with normal ACL, PCL, PLC exam. MCL is a 1+ with a firm endpoint.

Left knee: no effusion with normal ACL, PCL, MCL, PLC exam.

ROM	Right (degrees)	Left (degrees)
Flexion	135	135
Extension	0	0

He has multiple healed scars over the right knee and leg which are not surgical.

Ankle examination:

ROM	Right (degrees)	Left (degrees)
Plantarflexion	60	60
Dorsiflexion	15	15
Inversion	30	30
Eversion	30	30

There is a vertical surgical scar over his right lateral malleolus.

Foot examination:

He has normal-appearing feet.

Radiographs:

- 1) Cervical spine 4 views (AP, lateral, lateral flexion and extension): Mild loss of lordosis but no evidence of osteoarthritis. There is preservation of disc space height and vertebral height.
- 2) Lumbar spine 5 views (AP, lateral, lateral L5-S1, lateral flexion and extension): Small Schmorl's nodes at inferior endplates of L3, L4, L5. However overall preserved disc space heights and vertebral heights with no evidence of instability.
- 3) Right shoulder 3 views and one view of the acromioclavicular joint (Axillary, AP, supraspinatus outlet, AP clavicle): Hypertrophy of the distal clavicle with preserved acromioclavicular space and normal coracoclavicular distance; preservation of glenohumeral space and acromiohumeral distance; two buttons in the proximal humeral metaphysis consistent with his prior pectoralis major repair; type II acromion.
- 4) Left shoulder 3 views and one view of the acromioclavicular joint (Axillary, AP, supraspinatus outlet, AP clavicle): There is preserved acromioclavicular space as well as normal coracoclavicular distance; normal acromiohumeral distance and glenohumeral space; type II acromion.
- 5) Right wrist 3 views (AP, lateral, oblique); normal.
- 6) Left wrist 3 views (AP, lateral, oblique): Scapholunate widening of 6 mm compared to 3 mm on right wrist; mild loss of radiocarpal space with distal radial sclerosis.
- 7) Hip (AP pelvis, B frog leg lateral): Mild loss of superior joint space with preserved contour of both hips.
- 8) Right knee 3 views (PA flexion WB, lateral, and merchant): Minimal narrowing of the medial and lateral joint spaces with squaring and early marginal osteophyte formation; preserved patellofemoral space with minimal early osteophyte formation.
- 9) Left knee 3 views (PA flexion WP, lateral, and merchant): Minimal narrowing of the medial and lateral joint spaces with squaring and early marginal osteophyte formation; preserved patellofemoral space with minimal early osteophyte formation; small calcification of the distal quadriceps.

**CS-00642**

10) Right ankle 3 views (AP, lateral, mortise): Preserved tibiotalar space with some prominence of the superior surface of the navicular at the talonavicular joint; minimal calcification of the syndesmosis.

11) Left ankle 3 views (AP, lateral, mortise): Preserved tibiotalar space with a small ossicle associated with the medial malleolus; a bit more calcification of the syndesmosis compared to the right.

**Assessment:**

Overall, the patient was generally cooperative, but with pain responses that seemed to be out of proportion, particularly with his shoulder examination. He was well proportioned and symmetric with superior muscle tone.

**Body parts with impairment:**

1) Cervical:

He complains of pain. He complains of radicular symptom, but they do not follow an anatomic distribution. He has generally symmetric upper extremity reflexes with no upper extremity atrophy or cervical spasm. Radiographs show loss of lordosis, but no evidence of osteoarthritis.

An MRI report of the cervical spine done on 2/19/2020 describes cervical spondylosis notable for mild to moderate bilateral neural foraminal stenosis at C6-C7; and mild to moderate right neural foraminal stenosis at C4-C5 and C5-C6 (DMS 13).

An EMG report from 2/19/2020 describes muscle membrane irritability of the right biceps musculature suggestive of right C5-C6 radiculopathy which could not be confirmed with the right cervical paraspinal musculature ; increased amplitude motor units in the right deltoid musculature may indicate chronic right C4-5 radiculopathy but not confirmed with the right cervical paraspinal needle exam; slowing of the right ulnar motor nerve conduction velocity across the elbow segment consistent with ulnar nerve compression (DMS 7-12).

Overall, the findings of the examination, current radiographs, prior MRI, and EMG do not fully support the presence of a cervical radiculopathy. The EMG and MRI contain soft findings. The findings are mild and not NFL related.

2) Thoracolumbar:

He complains of pain. He does not complain of radicular symptoms. He has generally symmetric lower extremity reflexes. He has no lower

**CS-00643**

extremity atrophy and no lumbar spasm. Radiographs demonstrate minimal degenerative changes.

An MRI report of the lumbar spine done on 2/19/2020 describes lumbar spondylolisthesis notable for indentation of the ventral thecal sac and moderate bilateral neural foraminal stenosis at L5-S1 (DMS 21).

Overall, the findings from history, examination, current radiographs, and the prior MRI do not support findings of significant lumbar pathology. The findings are mild and not NFL related.

3) Right shoulder:

He complains of pain. Range of motion is very difficult to assess. He did not seem to put forth full effort due to complaints of pain. Radiographs were obtained which demonstrated mild ACJ degenerative changes and evidence of prior pectoralis major repair. There is no evidence of glenohumeral pathology.

An MRI of the right shoulder done on 12/26/2016 describes musculotendinous rupture of the sternal head of the pectoralis major with 4 cm retraction (DMS 24).

An operative report by Dr. Walter Lowe from 1/4/2017 describes an open repair of sternal head of right pectoralis major tendon (DMS, 2-4).

An MRI report of the right shoulder done on 2/19/2020 describes moderate supraspinatus and infraspinatus tendinosis; AC joint osteoarthritis with findings compatible with clinical rotator cuff impingement; findings compatible with nondisplaced tearing of the superior and posterior inferior labrum; biceps tendinosis; and postsurgical changes involving prior repair of the pectoralis major tendon at its insertion (DMS 14).

His poor range of motion is not consistent with his superior deltoid, trapezius, biceps, and triceps muscle development. It is also not consistent with the objective findings of the current radiographs and the MRI from 2020.

He does have mild AC joint osteoarthritis, but there is no injury report in the medical records.

He did have a right pectoralis major injury which is NFL related.

4) Left shoulder:

He complains of pain. His active range of motion on examination today is limited. Radiographs of the shoulder and of the acromioclavicular joint are normal.

An MRI report of the left shoulder done on 2/19/2020 describes moderate supraspinatus and infraspinatus tendinosis; AC joint osteoarthritis with findings compatible with clinical rotator cuff impingement; findings suggestive of nondisplaced tearing of the posterior inferior labrum; cortical irregularity with mild overlying cartilage irregularity of the anterior inferior glenoid which may be posttraumatic or degenerative; and biceps tendinosis (DMS 15).

His poor range of motion is not consistent with his superior deltoid, trapezius, biceps, and triceps muscle development. It is also not consistent with the objective findings of the current radiographs and the MRI from 2020.

There is no radiographic evidence of acromioclavicular joint osteoarthritis and there is no documented injury in the medical records.

5) Right elbow:

He does not complain of pain. He has normal range of motion.

There are no documented injuries, imaging studies, or procedures in the DMS.

6) Left elbow:

He does not complain of pain. He has normal range of motion.

There are no documented injuries, imaging studies, or procedures in the DMS.

7) Right wrist:

He complains of pain. He has normal range of motion. Radiographs are obtained today which are normal.

There are no documented injuries, imaging studies, or procedures in the DMS.

8) Left wrist:

He complains of pain. He has mildly limited range of motion. Radiographs are obtained today which demonstrate scapholunate widening with early degenerative changes of the radiocarpal joint.

A physician note from 8/27/2016 describes a left wrist injury encounter in which it was noted that the player had an old scapholunate dissociation (DMS 64).

He does have mild impairment of the left wrist, but it is not NFL related.

9) Right hand:

He does not complain of pain. He has normal range of motion and no deformities.

**CS-00645**

There are no documented injuries, imaging studies, or procedures in the DMS.

10) Left hand:

He does not complain of pain. He has normal range of motion and no deformities.

There are no documented injuries, imaging studies, or procedures in the DMS.

11) Right hip:

He complains of pain. He has normal range of motion. Radiographs are obtained which demonstrate minimal degenerative changes.

A training room note from 11/8/2015 describes a presentation with a right hip flexor strain. It was treated conservatively and improved in 3 days (DMS 56).

An MRI of the right hip done on 2/19/2020 describes nondisplaced tearing of the anterior superior labrum at the 2:30 o'clock position; and superior lateral hip joint space osteoarthritis (DMS 16).

He does have mild arthritis of the right hip. Despite the fact that there is a history of a right hip flexor strain, the current osteoarthritis is not definitively NFL related. Additionally, the left hip radiographic and MRI findings are similar and there was no equivalent injury on the left side.

12) Left hip:

He complains of pain. He has normal range of motion. Radiographs are obtained which demonstrate minimal degenerative changes.

An MRI report of the left hip done on 2/19/2020 describes nondisplaced tearing in the anterior superior labrum; and although nonspecific a 1.9 cm heterogeneous lesion in the left proximal femur suggestive of the potential presence of liposclerosis myxofibrous tumor (DMS 20).

He does have mild arthritis of the left hip. This is not NFL related.

13) Right knee:

He complains of pain. He has normal range of motion. On examination, he does have mild MCL laxity. Radiographs are obtained which demonstrate mild degenerative changes.

An MRI report of the right knee done on 10/3/2016 describes robust capsulitis and synovitis of the anterior and posterior joint capsule; moderate joint effusion; moderate to high grade sprain of the medial retinaculum from the condylar attachment; low-grade sprain of the MCL at the femoral

attachment; very low-grade patellar tendinitis; mild pes anserine bursitis; and irregularity at the most anterior root attachment anterior horn medial meniscus (DMS 25-26).

An MRI report of the right knee done on 8/19/2018 describes grade 2 sprain of the medial collateral ligament; diffuse intermediate to high-grade chondromalacia of the trochlea; there is focal full-thickness chondromalacia of the central trochlea with underlying reactive marrow edema; and low-grade chondromalacia of the patella (DMS 22-23).

An MRI of the right knee done on 2/19/2020 describes high-grade partial thickness cartilage loss within the central and medial trochlea facet cartilage with underlying cortical irregularity and sclerosis (DMS 18).

He does have mild MCL laxity which is NFL related. He has mild patellofemoral osteoarthritis which is not NFL related.

14) Left knee:

He complains of pain. He has normal range of motion and stability. Radiographs are obtained which demonstrate mild degenerative changes.

An MRI of the left knee done on 2/19/2020 describes peripheral longitudinal tear of the anterior horn lateral meniscus; and grade III-IV chondromalacia within the central and medial trochlea facet cartilage (DMS 19).

He does not have any NFL related injuries. He does have mild degenerative changes.

15) Right ankle:

He complains of pain. Range of motion is documented. He has a surgical scar on the lateral ankle consistent with prior surgery. Radiographs are obtained which demonstrate minimal degenerative changes.

An MRI report of the right ankle done on 8/13/2014 describes the peroneal tendons are anterior and laterally dislocated relative to the distal end of the fibula; there is a complete tear of the peroneal retinaculum; there is prominent adjacent lateral soft tissue edema and swelling; partial tears of the anterior inferior tibiofibular ligament, anterior talofibular ligament and calcaneofibular ligament; areas of cartilage thinning posteriorly in the tibial plafond and; small amount of tibiotalar joint fluid present; and a small subchondral cyst seen posteriorly in the tibial plafond (DMS 29).

An operative report from 8/16/2014 by Dr. Robert Anderson describes a right ankle fibular groove deepening, excision of peroneus quartus muscle;

peroneal synovectomy and brevis repair; and reconstruction of superior peroneal retinaculum (DMS, 5).

An MRI report of the right hindfoot done on 8/9/2016 describes mild thickening of the Achilles tendon compatible with tendinitis; minimal edema seen along the anterior margin of the tendon; postsurgical changes and scar tissue seen along the peroneal tendons compatible with reconstruction of the retinaculum; the peroneal tendons are now normally located relative to the distal fibula; mild reactive marrow edema in the distal lateral tip of the fibula; partial tear of the anterior inferior tibiofibular ligament, anterior talofibular ligament, and calcaneofibular ligament; scar tissue along the ligament; small region of subcutaneous edema along the posterior medial margin of the calcaneus; and very small region of cartilage thinning seen posteriorly in the tibial plafond (DMS 27-28).

The right ankle surgery is NFL related.

**16) Left ankle:**

He complains of pain. He has normal range of motion. Radiographs are obtained which demonstrate minimal degenerative changes.

There are no documented injuries, imaging studies, or procedures in the DMS.

**17) Right foot:**

He complains of aching.

There are no documented injuries, imaging studies, or procedures in the DMS.

**18) Left foot:**

He complains of aching.

There are no documented injuries, imaging studies, or procedures in the DMS.

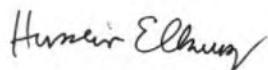
**Summary LOD:**

**He has two NFL related impairments: The right ankle and the right shoulder.**

**Summary Total and Permanent Impairment:**

In general, he has excellent muscular development with good symmetry. His shoulder range of motion is not consistent with the objective data from his radiographs or his MRI reports. He has had an objectively good outcome from his right ankle and right pectoralis major surgery based upon examination.

He does have mild impairments of the lumbar spine, cervical spine, both hips, both knees, and the left wrist due to mild osteoarthritis. From an orthopedic standpoint, he is not totally and permanently impaired.



Hussein Elkousy, MD

**CS-00649**



## DISABILITY PLAN

## PHYSICIAN REPORT FORM

TOTAL & PERMANENT DISABILITY BENEFITS

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: Charles Sims      DOB: [REDACTED]      Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 5

Claimed impairments: See application

1. Did you receive records for this Player?  YES |  NO   If so, how many pages? 104 (+) 17 from ATHLAW  
(+) in T+P applica
2. Did you evaluate the Player?  YES |  NO   If so, when? 04/19/2021
3. Have you or your colleagues ever treated the Player previously?  YES |  NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?  
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment		
<i>Depression and anxiety</i>	<input checked="" type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit?  YES |  NO

Unable to Determine

## If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. \_\_\_\_\_  
*He is unable to leave his home due to his panic attacks and agoraphobia. His depression is to the level he demands solitude, total quiet in the home, and limited interactions with anyone.*
- Has the Player's condition persisted or is it expected to persist for at least 12 months from the date of its occurrence, and excluding any reasonable recovery period?  YES |  NO

## If you checked NO:

- Describe the type of employment in which the Player can engage. \_\_\_\_\_

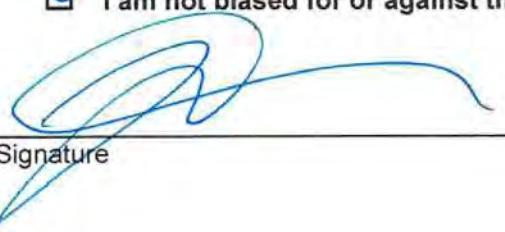
6. Do you have any additional remarks? \_\_\_\_\_

*see my report*

Please provide the required narrative report with this form.

I certify that:

- I reviewed all records of this Player provided to me.
- I personally examined this Player.
- This Physician Report Form and the attached narrative report(s) accurately document my findings.
- My findings reflect my best professional judgment.
- I am not biased for or against this Player.

  
Signature

*04/26/2021*  
Date

## MONTREAL COGNITIVE ASSESSMENT (MOCA)

Version 8.1 English

Name: Sims, Charles  
 Education: College Date of birth: [REDACTED]  
 Sex: M DATE: 04/19/2021

VISUOSPATIAL/EXECUTIVE						POINTS																						
						Draw CLOCK (Ten past eleven) (3 points)																						
						<input checked="" type="checkbox"/> Contour <input checked="" type="checkbox"/> Numbers <input checked="" type="checkbox"/> Hands			<u>4</u> /5																			
NAMING																												
									<u>3</u> /3																			
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>																						
MEMORY		Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.																										
		<table border="1"> <tr> <td></td> <td>FACE</td> <td>VELVET</td> <td>CHURCH</td> <td>DAISY</td> <td>RED</td> </tr> <tr> <td>1<sup>ST</sup> TRIAL</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2<sup>ND</sup> TRIAL</td> <td><input checked="" type="checkbox"/></td> </tr> </table>						FACE	VELVET	CHURCH	DAISY	RED	1 <sup>ST</sup> TRIAL	<input checked="" type="checkbox"/>	2 <sup>ND</sup> TRIAL	<input checked="" type="checkbox"/>												
	FACE	VELVET	CHURCH	DAISY	RED																							
1 <sup>ST</sup> TRIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																							
2 <sup>ND</sup> TRIAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																							
ATTENTION		Read list of digits (1 digit/sec.). Subject has to repeat them in the forward order. Subject has to repeat them in the backward order.																										
		<u>✓</u> 1 8 5 4 <u>✓</u> 7 4 2								<u>2</u> /2																		
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors.											<u>1</u> /1																	
<u>✓</u> F B A C M N A A J K L B A F A K D E A A A J A M O F A A B																												
Serial 7 subtraction starting at 100. <u>✓</u> 93 <u>✓</u> 86 <u>✓</u> 79 <u>✓</u> 72 <u>✓</u> 65							4 or 5 correct subtractions: 3 pts. 2 or 3 correct: 2 pts. 1 correct: 1 pt. 0 correct: 0					<u>3</u> /3																
LANGUAGE																												
Repeat: I only know that John is the one to help today. The cat always hid under the couch when dogs were in the room.																												
											<u>2</u> /2																	
Fluency: Name maximum number of words in one minute that begin with the letter F.																												
											<u>1</u> /1																	
ABSTRACTION																												
Similarity between e.g. orange - banana = fruit <u>✓</u> train - bicycle <u>✓</u> watch - ruler																												
DELAYED RECALL		(MIS)	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCLUED recall only																			
		X3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																				
		X2	Category cue			<input checked="" type="checkbox"/>																						
		X1	Multiple choice cue	<input checked="" type="checkbox"/>					MIS = <u>✓</u> 15																			
ORIENTATION		<input checked="" type="checkbox"/> Date	<input checked="" type="checkbox"/> Month	<input checked="" type="checkbox"/> Year	<input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> City			<u>6</u> /6																		
© Z. Nasreddine MD Administered by: <u>John Nelson MD</u>							MIS: <u>✓</u> 15 (Normal ≥ 26/30) Add 1 point if ≤ 12 yr edu																					
							TOTAL																					
											<u>27</u> /30																	

**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN**  
**PSYCHIATRY NARRATIVE REPORT TEMPLATE**

Player's Name: Charles Sims

DOB: [REDACTED]

Neutral Physician: John Rabow MD

Date of the Evaluation: 04/19/2021

**Chief Complaints:**

- 1) Depression
- 2) Anxiety
- 3) Chronic Headaches

**Clinical History:** (Need to obtain a detailed and comprehensive history that will support your conclusion)

see my report

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING:**

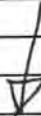
Check writing, paying bills, balancing a checkbook his wife does these activities  
Assembling tax records, business affairs or papers he would be unable  
Shopping alone for clothes, household necessities, or groceries unable due to panic attacks  
Playing a game of skill, working on a hobby does not secondary to depression  
Heating water, making a cup of coffee, turning off the stove he can do these activities  
Preparing a balanced meal does not, unlikely  
Keeping track of current events does not.  
Paying attention to, understanding, discussing a TV show, book, or magazine he won't allow the TV or radio on in the house  
Remembering appointments, family, occasions, holidays, medications he can't believe on his wife  
Traveling out of the neighborhood, driving, arranging to take public transportation only with great apprehension & days of mental preparation can he do this with his wife.

**FUNCTIONAL ACTIVITIES OF DAILY LIVING:**

Eating \_\_\_\_\_

independent totally

Bathing \_\_\_\_\_



Dressing \_\_\_\_\_

Toileting \_\_\_\_\_

Transferring (walking) \_\_\_\_\_  
 Continence \_\_\_\_\_

**PAST PSYCHIATRIC HISTORY:**

	YES	NO	Dates/Circumstances:
Did the player ever have a previous episode of Depression, Mania, Anxiety, Psychosis	✓		starting 2016 - panic attacks starting 2018 - depression
Past psychiatric visits/psychotherapy/counseling		✓	
Past psychiatric hospitalizations		✓	
History of ECT/TMS		✓	
History of suicide attempts		✓	
History of aggression/violence		✓	
History of criminal justice contact		✓	
History of ADHD		✓	
History of Learning Disabilities		✓	
History of Abuse		✓	
Other			

**TOBACCO/ETOH/ILLEGIT SUBSTANCE/STEROIDS:**

	YES	NO	Comments: Describe the following: age first used, amount, frequency, duration, longest period without using, last used. Adverse consequences of alcohol and or illicit substance use, medical (including DTs and/or alcohol related seizures), social, psychological. Rehabilitation history.
Tobacco	✓		
ETOH	✓		
Marijuana	✓		
Cocaine	✓		
Opiates	✓		
Stimulants	✓		
Hallucinogens	✓		
Ecstasy	✓		
LSD	✓		
PCP	✓		
Abuse of Prescribed Medications	✓		
Steroids	✓		

Other				
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**PAST MEDICAL HISTORY:**

	YES	NO	Comments:
Thyroid Disease		✓	
Headache	✓		every day, ① temple <i>photophobia</i> nausea
Chronic Pain	✓		sometimes vomiting
Orthopedic Issues		✓	→ liners/week
Arthritis	✓		osteoarthritis in hips
Heart Disease		✓	
Hypertension		✓	
Stroke		✓	
Diabetes		✓	
Kidney Disease		✓	
Liver Disease		✓	
Lung Disease		✓	
Cancer		✓	
Other			

**PAST SURGICAL HISTORY:**

(R) shoulder 2016 - tore superior and posterior inferior labrum

(R) ankle 2014 - torn tendon

**PAST MEDICATIONS:** (List medications, dose, side effects, length of treatment, response to medication, if discontinuation, why and when)

Zoloft & Xanax

**CURRENT MEDICATIONS:** (List of medications, dose, side effects, length of treatment, response to medications).

none

**FAMILY HISTORY:**

	YES	NO	Comments:
Dementia		✓	
Psychiatric Disorder		✓	
Other			

**SOCIAL HISTORY:** (Living Arrangements, Marital Status, Employment, Education, and Hobbies)*See my report***MENTAL STATUS EXAMINATION:****Appearance:**

	YES	NO	Comments:
Well Groomed	✓		
Disheveled		✓	
Other			

**Cognition**

	YES	NO	Comments:
Orientation to person, place, and time	✓		
Immediate recall	✓		
Serial 7 subtraction starting at 100	✓		
Delayed recall		✓	3/5 words on MOCA

**MOCA:**

	YES	NO	SCORE	Comments: When done please attach the questionnaire to the report form
Performed	✓		27/30	

**Interaction:**

	YES	NO	Comments:
Pleasant and cooperative		✓	
Hostile		✓	
Withdrawn	✓		
Eye Contact	✓		
Other			

**Reported Mood:**

	YES	NO	Comments:
Euthymic		✓	
Sad/Depressed	✓		
Anxious/Angry	✓		

Irritable		<input checked="" type="checkbox"/>	
Labile		<input checked="" type="checkbox"/>	
Other			

**Affect:**

	YES	NO	Comments:
Within normal range		<input checked="" type="checkbox"/>	
Irritable/Angry		<input checked="" type="checkbox"/>	
Anxious		<input checked="" type="checkbox"/>	
Constricted/Blunted/Flat	<input checked="" type="checkbox"/>		
Depressed	<input checked="" type="checkbox"/>		
Elated/Euphoric		<input checked="" type="checkbox"/>	
Expansive		<input checked="" type="checkbox"/>	
Other			

**Speech:**

	YES	NO	Comments:
Normal rate/rhythm		<input checked="" type="checkbox"/>	
Pressured		<input checked="" type="checkbox"/>	
Slowed	<input checked="" type="checkbox"/>		
Logorrhea		<input checked="" type="checkbox"/>	
Paucity of speech	<input checked="" type="checkbox"/>		
Other			

**Thought Content:**

	YES	NO	Comments: Need to comment if the player has active suicidal and or homicidal ideations and if he expresses plan or intent at the time of the visit
Suicidal ideations	<input checked="" type="checkbox"/>		<i>no intent or plan</i>
Homicidal ideations		<input checked="" type="checkbox"/>	
Delusions		<input checked="" type="checkbox"/>	
Paranoid Ideations		<input checked="" type="checkbox"/>	
Preoccupations		<input checked="" type="checkbox"/>	
Obsessions and compulsions		<input checked="" type="checkbox"/>	
Ideas of reference		<input checked="" type="checkbox"/>	
Other			

**Thought Process:**

	YES	NO	Comments:
Linear	<input checked="" type="checkbox"/>		
Goal directed	<input checked="" type="checkbox"/>		
Loose Associations		<input checked="" type="checkbox"/>	

Flight of ideas		<input checked="" type="checkbox"/>	
Tangential		<input checked="" type="checkbox"/>	
Circumstantial		<input checked="" type="checkbox"/>	
Disorganized		<input checked="" type="checkbox"/>	
Other			

**Perception:**

	YES	NO	Comments:
Visual/Auditory Hallucinations		<input checked="" type="checkbox"/>	
Other			

**Motor:**

	YES	NO	Comments:
Psychomotor agitation		<input checked="" type="checkbox"/>	
Psychomotor retardation	<input checked="" type="checkbox"/>		

**Insight and Judgment:**

	YES	NO	Comments:
Insight Intact	<input checked="" type="checkbox"/>		
Judgment Intact	<input checked="" type="checkbox"/>		

### **FURTHER DETAILED INFORMATION REGARDING SYMPTOMS AND DIAGNOSIS AS PER DSM-5 CRITERIA**

**CURRENT MAJOR DEPRESSIVE EPISODE (MDD):**

**A:** Five (or more) of the following symptoms have been present over the past two weeks and represent a change from a previous functioning: at least one of the symptoms is either depressed mood or loss of interest or pleasure on a nearly daily basis:

	YES	NO	Comments: when relevant give a bullet description to include; onset, duration, severity of symptoms or refer to the HPI if you have already done so
Depressed mood most of the day, nearly every day	<input checked="" type="checkbox"/>		
Markedly decreased interest or pleasure in all, or almost all, activities most of the day, nearly every day	<input checked="" type="checkbox"/>		

Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Insomnia or Hypersomnia nearly every day	<input checked="" type="checkbox"/>		
Psychomotor agitation or retardation nearly every day	<input checked="" type="checkbox"/>		
Fatigue or loss of energy nearly every day	<input checked="" type="checkbox"/>		
Feeling of worthlessness or excessive and inappropriate guilt nearly every day	<input checked="" type="checkbox"/>		
Diminished ability to think or concentrate, or indecisiveness nearly every day		<input checked="" type="checkbox"/>	
<u>Recurrent thoughts of death</u> , recurrent suicidal ideation <u>without a specific plan</u> , or a suicide attempt or a specific plan for committing suicide	<input checked="" type="checkbox"/>		

**B:**

	YES	NO	Comments:
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning	<input checked="" type="checkbox"/>		

**C:**

	True	False	Uncertain	Comments:
The episodes are not attributable to the physiological effects or to another medical condition.	<input checked="" type="checkbox"/>			

**Note:** Criteria A-C represent a major depressive disorder

If there is currently depressed mood or loss of interest but full criteria are not met for a major depressive episode, document if there has been a past depressive episode and include timing, length and other criteria.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MMPI-2-RF:** (Please document neuropsychologist's results when available and comment as needed) *not available*

	YES	NO	Comments:
Validity scales available			

**IMPRESSION AND DISCUSSION:**

*Major Depressive Disorder, Recurrent, Moderate  
Panic Disorder  
Agoraphobia*

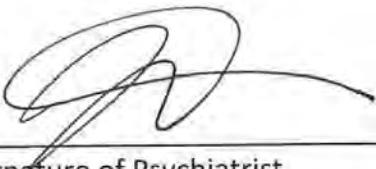
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**GENERAL INSTRUCTIONS:**

- Discuss only the conditions/issues that the Player has identified in his application for benefits.
- Your assessment should be a "snapshot" of the Player's condition on the day of the examination, in that the assessment should not take into account future treatment that the Player can undertake for his condition(s).
- Stay within your area of medical expertise/specialty. A Player with impairments that involve other medical specialties will be referred to physicians in the applicable medical specialties, if the Player identified such impairments on his application.
- In one limited circumstance, you may identify impairments outside your area of specialty. That is where you specifically believe that the benefit determination should take such impairments into account. In that case, the Plan may refer the Player for examination by a specialist in the appropriate field for that impairment. To avoid confusion, please make any such recommendations clear and unambiguous.
- If you merely think that the Player should be examined by a personal physician in connection with impairments outside of your medical specialty, you may say so, but refrain from giving a definitive diagnosis outside your area of expertise. You may say, for example, that the Player has possible or probable neurological disorder and that he may benefit from a consultation with a neurologist.

- For each psychiatric diagnosis discussed, address how and to what extent the mental impairment limits the patient's functionality.
- Comment on treating physician or vocational expert reports provided to you by the NFL Player Benefits Office, to the extent you disagree with the views in such reports in any material way.
- The historical/physical exam sections of your report should contain all relevant facts. In your impression/discussion section, you should take care to support opinions with information contained in those earlier sections.
- Comment on the MMPI-2-RF results and validity measures when available.
- If a Player acts inappropriately or threatens you or any other Plan neutral physicians, notify the NFL Player Benefits Office immediately.
- If a Player states he has active suicidal thoughts and or homicidal, you may immediately call emergency personnel and/or escort the Player to the emergency department.



Signature of Psychiatrist

04/26/2021

Date

**John Rabun MD LLC  
9890 Clayton Road, Suite 100  
St. Louis, Missouri 63124**

---

**Telephone: (314) 725-1515 Facsimile (314) 222-6321**

**Diplomate, ABPN  
with board certification in General Psychiatry  
Diplomate, NBME  
Licensed in Missouri and Illinois**

April 26, 2021

RE: Charles Sims

Date of Birth: [REDACTED]

Date of Evaluation: 04/19/2021

I evaluated Charles Sims to form my opinion about whether he suffers from a psychiatric disorder totally and permanently disabling him to the extent he is substantially unable to engage in any occupation for remuneration or profit. Mr. Sims is a 30-year-old married, unemployed, right-handed, African-American male who filed for Total and Permanent Disability Benefits with NFL Player Benefits. Mr. Sims presently lives with his wife in their home in Rosenberg, Texas.

Prior to my formal interview, I told Mr. Sims the reason for the evaluation. I explained to him I was hired by NFL Player Benefits to form my opinion about whether he suffers from a psychiatric disorder totally and permanently disabling him. I added I would only offer an opinion about psychiatric disorders. I cautioned Mr. Sims his statements to me were on the record. I warned Mr. Sims I must generate a report for NFL Player Benefits. I also stated to Mr. Sims I was not acting as his treating physician, nor would I recommend treatment. I then asked him if he understood what I had said to him. He responded he understood why I was evaluating him and consented to the interview.

#### SOURCES OF INFORMATION:

1. My interview with Charles Sims on 04/19/21.
2. My interview with Meiah Sims, Mr. Sims' wife, on 04/19/21. Ms. Sims accompanied her husband to the interview and once I completed speaking with him I asked her to provide additional information. Ms. Sims was also told the interview was not private and I would include her statement in my report. (Note: Mr. Sims was interviewed alone and his wife was then interviewed in his presence).
3. NFL Player Benefits sent me 104 pages of medical records, a pleading from ATHLAW LLP totaling 17 pages, and Mr. Sims' application for Total and Permanent Disability Benefits.
4. *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, published by the American Psychiatric Association in 2013.

**CS-00663**

## OPINIONS:

*Diagnostic Opinion:* It is my opinion with reasonable medical certainty Mr. Sims suffers from Major Depressive Disorder, Recurrent, Moderate, Panic Disorder, and Agoraphobia. My diagnoses are based upon my education, training, and experience in both general and forensic psychiatry. Further, my diagnoses and opinion about the level of his impairment was made following my evaluation of Mr. Sims, my interview with his wife, and my review of his medical records. Throughout the interview, Mr. Sims was quiet and soft spoken. His eyes became wet when he discussed his marriage and his psychiatric problems. He though recovered his composure when we shifted topics.

Mr. Sims told me he was born on September 19, 1990 in Houston, Texas. He indicated his mother, Dinetta Oliver, and father, Charles Sims, were never married. Mr. Sims added he never met his father because his father was murdered shortly before he was born. Mr. Sims reported his mother raised him in Houston. Mr. Sims related his mother presently works as a security guard. Mr. Sims stated he has three half sibling, two brothers and a sister, who share the same mother with him. According to Mr. Sims, there is no family history of psychiatric illness.

Mr. Sims said he attended Westbury High School, graduating in 2009. He related in high school he played football as a running back, receiving a football scholarship to attend the University of Houston, but his senior year transferred to West Virginia University. He reported in 2103 he finished his degree, a Bachelor's of Arts in Health.

I questioned Mr. Sims about his behavior as a child and adolescent. He responded he never experienced any symptoms suggestive of Attention-Deficit/Hyperactivity Disorder such as difficulty focusing or concentrating, daydreaming in class, forgetting assignments, or experiencing restlessness. Mr. Sims reported he never required special education or remedial classes. He informed me he never experienced any difficulty learning any subject. I asked him about his conduct as an adolescent. Mr. Sims answered he did not have any difficulty with his conduct characterized by serious defiance of authority or behaving in an illegal manner. He said he was never arrested as a juvenile. Mr. Sims stated he also has not had any legal problems as an adult.

Mr. Sims and I discussed his psychosexual history. He indicated he married his wife, Meiah in 2016. He reported his wife works as a teacher and real estate agent. He said he and his wife do not have any children. He related he lives with his wife in their own home in a small town outside of Houston called Rosenberg. He stated he has not fathered any children by other relationships. Mr. Sims told me he was never physically or sexually abused as a child or adolescent.

I asked Mr. Sims about his NFL career. He indicated he was drafted during the 2014 NFL Draft, as a running back. He said he played 4 seasons for the Tampa Bay Buccaneers, ending his career in 2018. He reported he ended his career after he injured his right knee, recalling he suffered a MCL sprain. He add, "I realized the effect on my

body, continuing to play was going to cause a lot of injuries.” Mr. Sims told me he has not worked since he ceased playing in the NFL.

I asked Mr. Sims about his medical history. He reported he does not suffer from any chronic internal medical disorders such as diabetes, heart disease, or hypertension. He stated he never had a generalized seizure characterized by loss of consciousness, tongue biting, or urinary or fecal incontinence. Mr. Sims related he is not taking any prescription medications.

I questioned Mr. Sims about orthopedic injuries. He replied he injured his cervical spine, both shoulders, requiring surgery on his right shoulder in 2016 for a torn labrum, injured both hips, both knees, tore a tendon in his right ankle necessitating surgery in 2014, injured his right Achilles, and injured both wrists. He said now he has chronic pain in his cervical spine.

Mr. Sims’ medical records document he suffers from a C5, 6 radiculopathy. Further, his right shoulder was injured after he tore the superior and posterior inferior labrum. His right knee injury was a sprain of the medial collateral ligament. He also tore the posterior inferior labrum in his left shoulder. His records additionally note he is afflicted by osteoarthritis in both shoulders and his right hip.

Mr. Sims discussed his history of head trauma. He reported he did not suffer any documented concussions in the NFL. I questioned Mr. Sims about whether he believes he suffered undocumented concussions in the NFL. He replied, “Probably in every game.” He explained he would experience head collisions in every game causing several seconds where he would see movement in slow motion and have temporary numbness in his right arm. He noted he would “shake it off” and continue with play. He related he never suffered a head injury causing loss of consciousness. He stated he now has chronic headaches “everyday, most of the day” in the left temple area associated with photophobia, nausea, and sometimes vomiting.

I asked Mr. Sims about his activities of daily living. He told me, “I don’t want to get up in the morning, I don’t get enough sleep, my body is hurting most of the night, but I get myself together.” He indicated he does his hygiene but does not eat breakfast. In fact, he related he might snack during the day but only eats one meal a day, complaining of a diminished appetite. He said he does not watch TV, movies, play videogames, or read. He stated he rarely leaves his home and when he does it is with his wife. He noted he tries to clean the house, but mainly relies on his wife to perform household chores and even his daily needs. For example, he reported his wife takes care of bills, finances, cooking, and going to the store. In regards to hobbies, he related he used to like to travel with his wife, but estimated their last trip was in 2017 when they went to the Bahamas.

Mr. Sims discussed his history of alcohol and drug use. He recalled he first drank alcohol at the age of 21. In fact, he stated he does not like alcohol. He reported he last drank alcohol “one year ago,” and even then on only one occasion. He did not endorse any compulsive behaviors suggestive of alcohol dependence. Mr. Sims stated he has never

used any intoxicating substance, including marijuana, and has never abused prescription medications.

I questioned Mr. Sims about his psychiatric history. He reported he has never received psychotherapy or psychiatric treatment. He stated in 2016 his wife made him an appointment with a primary care physician because he was having “palpitations of my heart.” He remembered the primary care physician said he was not having heart issues but was instead experiencing panic attacks. He noted the primary care physician prescribed him two medications he could not recall but added he only took them for a short period of time because he did not like how he felt on medication.

Mr. Sims related in 2016 he started experiencing panic attacks. He said his anxiety and panic attacks were partly because, “The everyday life of a player is stressful, it is mental and physical stress everyday, it is hard to handle.” He reported initially he thought he was having a “heart attack” but the primary care physician he saw diagnosed panic attacks. I asked if the primary care physician recommended psychiatric treatment or other treatments such as TMS or electroconvulsive therapy. Mr. Sims informed me no professional has ever recommended inpatient psychiatric treatment, electroconvulsive therapy, or TMS.

Mr. Sims stated he still has panic attacks, triggered by public situations or crowds. He indicated his panic attacks force him to remain isolated in his own home. He also reported he has spontaneous panic attacks despite his self-isolation occurring once a week. He related his panic attacks are characterized by the sudden onset of trouble concentrating, sweating, fears of passing out, shortness of breath, palpitations, confusion, nausea, and fears of impending doom. He added if he leaves his home, wherever he goes, he always wants to know the location of the closest hospital because he still fears his panic attacks will cause a “heart attack.”

Mr. Sims told me his panic attacks have led to depression. He estimated over the past two years he has experienced bouts of depression lasting several months and associated with a “flat, depressed mood,” crying spells, thoughts he is worthless, no interest in activities, social withdrawal, decreased sex drive, poor energy, and thoughts of self harm with no intent to carry out those thoughts. I asked Mr. Sims about psychotic symptoms. He did not endorse any examples of hallucinations or delusions. Further, he did not express any history of hypomanic symptoms.

I also interviewed Mr. Sims’ wife, Meiah Sims. Ms. Sims indicated she has known Charles since they were 14 years old, both being 30 years old. She described for me his personality as generally being soft spoken, quiet, and socially reserved. She reported beginning in 2016 he changed substantially. She noted they were no longer able to go out to eat or to socialize because he would experience panic attacks, “We would be driving somewhere and he would suddenly start sweating and saying he couldn’t make it.” She recalled they went to the emergency room on 3 occasions since he feared he was having a “heart attack.” She added after the emergency room evaluations documented he did not have heart disease she scheduled an appointment for him with a primary care

physician. She remembered the primary care physician agreed he did not suffer from heart disease. She informed me the physician diagnosed him with panic disorder and prescribed Zoloft and Xanax.

Ms. Sims related her husband took the medications, though she could not recall for how long. She did note, "I got the old him back, I was excited," expressing he was no longer withdrawn or anxious. She remembered he was "calm and relaxed." She said though he ceased taking the medications because he did not like how they made him feel. She informed me in general her husband refuses to take prescribed medications, even opiate analgesics following surgery. I asked Ms. Sims if alcohol or drugs had ever been a problem for her husband. She responded neither of them use alcohol or drugs, explaining to me her mother was an alcoholic so she is reluctant to be around alcohol or have it in their home.

Ms. Sims reported although her husband continues to have panic attacks, usually once a week, the overarching problem is his depression. She was at first reluctant to state in his presence he is depressed, but then offered this description of his behavior. She stated he does not leave the house, will not go to the store, and eats only once a day. She told me his socialization is "non-existent," saying, "he does not deal with family, friends, or public situations, we rarely have family over and when they come over he comes out of the bedroom for five minutes and then immediately goes back in and shuts the door." She said he does not do anything, relating she takes care of all the household chores. She informed me he demands total quiet in the home, no TV, no radio, no loud talk. She gave as an example how noises or people make him irritable and angry, recalling several months ago their nearly 2 year old nephew came to their home with her mother-in-law and the child greeted her husband with a "hello," and this simple interaction "set him off." She accused her husband of becoming a "recluse." Finally, his wife said if he has to go out in public, such as the appointment with me, she has to "mentally prepare him" for several days.

I conducted a mental status exam as a part of my evaluation. Mr. Sims was neatly and appropriately dressed. He exhibited reduced psychomotor activity, rarely moving his extremities or using his hands in conversation. His eyes were wet while discussing his marriage, psychiatric symptoms, and listening to his wife's description of his behavior. He did maintain the expected level of eye contact. Mr. Sims answered all of my questions without losing his train of thought, though I often had to probe him for additional information because of his profound paucity of speech. In order to assess his higher executive abilities, I used the Montreal Cognitive Assessment. Mr. Sims scored 27/30 using the Montreal Cognitive Assessment, suggesting intact executive functions. He lost 3 points because he was unable to copy a cube with enough accuracy and he only recalled 3 out of 5 words with no cue. I judged his intellectual capacity to be in the average range based on his use of language and his level of education.

Mr. Sims showed a linear progression of thought when he responded to questions. He though exhibited decreased spontaneity in his answers, increased latency, and a soft tone

**CS-00667**

of voice. His affect was restricted, but his eyes became wet while discussing his marriage, psychiatric problems, and listening to his wife. He rated his mood as "flat."

Mr. Sims' content of thought demonstrated symptoms suggestive of panic attacks, agoraphobia, and major depression. He reported when he is in public situations or around family and friends he experiences trouble concentrating, shortness of breath, sweating, increased heart rate, trouble breathing, confusion, nausea, and fears of impending doom. Due to his panic attacks, he completely avoids public situations and has mounting anxiety if public interactions are necessary. He also described chronic depression associated with feeling "flat," negativity and sadness, irritability, anger when forced to speak with people, a low self-esteem, thoughts of worthlessness, social withdrawal, decreased energy, crying spells, trouble staying asleep, decreased libido, and thoughts of self-harm without intent to carry out those thoughts. Mr. Sims did not endorse any history of hallucinations or delusions. Further, he did not affirm my example of a hypomanic episode.

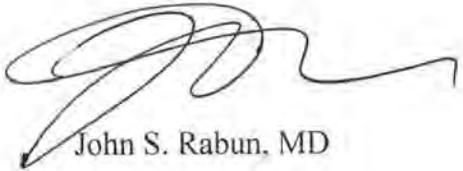
After interviewing Mr. Sims and his wife and reviewing his records, I opine with reasonable medical certainty he suffers from Major Depressive Disorder, Recurrent, Moderate, Panic Disorder, and Agoraphobia.

*Disability Opinion:* It is my opinion with reasonable medical certainty Mr. Sims is totally and permanently disabled to such an extent he is substantially unable to engage in any occupation for remuneration or profit. My disability opinion is based upon the following evidence:

- 1) Mr. Sims' panic attacks and resulting Agoraphobia presently interfere substantially with his capacity to interact in public settings. As his wife pointed out, he has become a "recluse." He therefore would be unable to be employed in a job requiring him to leave home and attend a work site where he must engage with other employees, supervisors, and consumers.
- 2) Mr. Sims' depression also impairs his capacity to be employed. Given the changes in the work environment caused by COVID, many people are working virtually from home. In Mr. Sims' case, his depression would also impair his capacity to be virtually employed. He indicated, and his wife emphasized he is unable to interact with anyone for an extended period of time because he becomes increasingly irritated and angry. As an example, his wife pointed out he was "set off," meaning he became angry when his near 2 year old nephew merely greeted him with one word. She further reported following the onset of his depression he started demanding silence at home, refusing to turn on even the TV or radio due to his irritation with any noise.
- 3) I noted in my evaluation Mr. Sims lacks the capacity to meaningfully interact in social interactions. His paucity of speech, soft tone of voice, withdrawn and negative demeanor, and lack of psychomotor activity, all flowing from his depression, would substantially interfere with his ability to deal with people in a work setting, either in person or virtually.

Accordingly, I opine with reasonable medical certainty Mr. Sims is totally and permanently disabled to such an extent he is substantially unable to engage in any occupation for remuneration or profit.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "JR".

John S. Rabun, MD

**CS-00669**

## PHYSICIAN REPORT FORM

### TOTAL & PERMANENT DISABILITY BENEFITS

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

Player's name: Charles Sims

DOB: [REDACTED]

Phone: [REDACTED]

Player's address: [REDACTED]

Player's Credited Seasons: 5

Claimed impairments: See application

1. Did you receive records for this Player?  YES |  NO If so, how many pages? 104 \_\_\_\_\_
2. Did you evaluate the Player?  YES |  NO If so, when? 4/1/21 \_\_\_\_\_
3. Have you or your colleagues ever treated the Player previously?  YES |  NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?  
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment			
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit?  YES |  NO

CS-00670

Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?  YES |  NO

If you checked NO:

- Describe the type of employment in which the Player can engage. \_\_\_\_\_

Please see report

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6. Do you have any additional remarks? Please see report
- 
- 
- 
- 

Please provide the required narrative report with this form.

I certify that:

- I reviewed all records of this Player provided to me.
- I personally examined this Player.
- This Physician Report Form and the attached narrative report(s) accurately document my findings.
- My findings reflect my best professional judgment.
- I am not biased for or against this Player.

---

Signature

4/2/21

---

Date

**CS-00671**

**NFL PLAYER DISABILITY & NEUROCOGNITIVE BENEFIT PLAN**  
**NEUROLOGY REPORT FORM**

Player Name: Charles Sims

Date of Birth: [REDACTED]

Date of Evaluation: 4/1/2021

Duration of this Visit: 1.75 hours

**CHIEF COMPLAINTS:**

- Constant headaches
- Post-concussive symptoms of headaches, photophobia, dizziness, memory loss
- Pain
- Isolation
- Anxiety

Charles is a 30-year-old former professional football player who presented for a neurocognitive disability evaluation regarding the above complaints. Charles played in the NFL from 2014–2018 as a running back for the Tampa Bay Buccaneers. He graduated from college and denied having any learning disabilities. Charles' wife was present during the historical portion of this evaluation.

**COGNITIVE SYMPTOMS:**

	YES	NO	Comments
Concentration/Attention (mathematics)	X		Charles describes his concentration as "horrible". He is very easily distracted and unable to get himself back on task. He cannot multitask and is unable to do mathematics mentally or without paper.
Memory Loss	X		Charles has been having memory problems for the last 2 years and his most concerning issue is difficulty with words and speaking. Charles knows what it is that he intends to say, but he is unable to verbalize his thoughts. His ability to spell is decreased and he does not understand the definition of many words. At times he forgets what his wife has told him or asked of him. Charles' long-term memory is decreased when compared to that of his family and friends.
Visual Spatial			Charles is not sure if his visual-spatial abilities have decreased over time.
Planning/Decision Making	X		Charles' wife is in charge of planning out his day. Charles is very indecisive, and his wife must make all of his decisions.

**CS-00672**

Language: (comprehension, reading, writing)	X		As mentioned above, Charles has difficulty affecting speaking. He has very poor concentration and zones out when listening and reading. He has difficulty expressing his thoughts verbally and via email or text message.
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**INSTRUMENTAL ACTIVITIES OF DAILY LIVING:**

Check writing, paying bills, balancing a checkbook: Charles' wife has always been in charge of paying the household bills. Charles does not follow the household finances.

Assembling tax records, business affairs or papers: Charles' wife takes care of all tax and household financial issues because he (Charles) thinks that following the finances is very overwhelming.

Shopping alone for clothes, household necessities, or groceries: Charles may forget to purchase necessary items at the store even if he has a shopping list.

Playing a game of skill, working on a hobby: No hobbies.

Heating water, making a cup of coffee, turning off the stove: No issues.

Preparing a balanced meal: Charles does not have problems cooking basic food items, such as spaghetti. If he attempts to prepare a meal that is more complicated, he may become confused between a tablespoon and a teaspoon when measuring out ingredients. This causes him to become very flustered.

Keeping track of current events: Charles does not keep current with the news.

Paying attention to, understanding, discussing a TV show, book, or magazine: Charles does not watch TV. He loses interest very quickly when watching a movie, and he has not watched a full movie in years.

Remembering appointments, family occasions, holidays, medications: Charles became forgetful regarding appointments/scheduled events, so his wife is now responsible for maintaining his calendar and schedule. Charles is able to remember birthdates of his immediate family members, but not those of his extended family.

Traveling out of the neighborhood, driving, arranging to take public transportation: Charles describes that he zones out when driving, and this may cause him to miss a turn. He has decreased range of motion of his neck which hinders his ability to drive. He depends on GPS, and if given last minute instructions, he becomes very agitated and is unable to follow the commands.

**FUNCTIONAL ACTIVITES OF DAILY LIVING:**

Eating: No issues

Bathing: No issues

Dressing: No issues.

Toileting: No issues

Transferring (walking): No issues

Continence: No issues

**NEUROPHYSICAL SYMPTOMS:**

	YES	NO	<b>Comments:</b> for each positive, give a bullet description to include: onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case you can say to see HPI.
Dizziness	X		Charles has been having episodes of lightheadedness and spinning sensations approximately twice per week for the last 2 years. These episodes can occur random or be provoked by sudden head movements. These episodes will last for 30 seconds in duration and there is nothing that Charles can do to make them better or worse.
Vertigo	X		See above
Imbalance		X	
Incoordination	X		Charles' coordination is decreased from his football playing days.
Gait disturbance	X		Charles has some difficulty walking due to chronic hip issues.
Numbness/tingling	X		Charles has numbness in his right elbow with radiation down his medial forearm and into his medial 2 digits.
Facial Weakness		X	
Upper Extremity Weakness	X		Charles has weakness in his bilateral arms.
Lower Extremity Weakness	X		Charles has weakness in his right lower extremity.
Headaches	X		Charles has been having daily and constant headaches for the last 2 years. The pain is located in the center of his forehead with radiation to his left temple area. The pain is described as aching and pulsating, ranging from an 8/10 to a 10/10. Sunlight, loud noise, and movement will increase Charles' headache pain and sleeping may help to make him feel better. Charles has associated nausea and at times may see white spots in his visual fields when having a headache. He denies having any associated vomiting. Charles has not had any specific neurological care for treatment of his headaches.
Pain	X		Charles has frequent and chronic pain in his neck, low back, shoulders, hips, knees, ankles, right calf, feet, and right Achilles' tendon.
Dysphagia	X		Charles may have trouble swallowing when he is having an anxiety episode.
Visual Complaints (double vision/blurring)	X		Charles has had daily photophobia for the last 2 years. He can also see white spots when he is suffering from a headache.
Speech Changes (e.g. dysarthria)		X	

CS-00674

Tremor	X		Charles has had a head tremor for the last 3 years that occurs approximately twice per week and is only noticed by his wife. Over the last 3 months, Charles has had a daily postural and kinetic tremor in his left hand that he considers to be moderate in severity.
Seizures		X	
Fatigue	X		Charles has frequent and daily fatigue and takes regular naps.
Other:	X		Charles has had twitching of his left eye on a daily basis for the last year.

**BEHAVIORAL SYMPTOMS:**

	YES	NO	<b>Comments:</b> for each positive, give a bullet description to include: onset, frequency, associated symptoms, exacerbating and relieving factors unless already described in the HPI in which case say see HPI.
Depression	X		Charles describes that he has been depressed for the last 2 years. He does not have any interest in life, and he harbors excessive guilt. His energy levels are quite poor. He has poor appetite and has lost 30 pounds. He has frequent daily and severe psychomotor retardation.
Anxiety	X		Charles has had a significant amount of generalized anxiety for the last 2 years.
Mania		X	
Impulsivity		X	
Poor Impulse Control		X	
Disinhibition		X	
Aggression		X	Charles is not aggressive but states that he does have anger issues. He is extremely quick to anger and his first emotion in any questionable situation is immediate and intense anger. These feelings can arise over small and insignificant issues.
Apathy	X		
Personality Changes	X		Charles used to look forward to hanging out with friends and family, but states that now "I do not want to be bothered, I'd rather be by myself". Charles does not even want to be bothered with his dog.
Sleep Disturbances	X		Charles has very poor sleep and averages only 2 hours of sleep per night. He has problems both falling and staying asleep.
Other		X	

**HISTORY OF HEAD TRAUMA:** (Discuss all non-football, pee-wee, high school, college and professional football concussions. Discern between documented and undocumented concussions. Document any

CS-00675

practice/game time missed because of concussions. Comment on the presence or absence of LOC and or amnesia or any other associated symptoms):

- **Non-Football Related:** None
- **NFL Football:** Charles did not have any documented concussions while playing football in the NFL. He estimates that he had 3 undocumented concussions per game. On multiple occasions while playing, Charles suffered loss of consciousness for a split second. He never missed any play/practice time due to any head injury.
- **College Football:** Charles had 1 documented concussion while playing football in college and this injury caused him to suffer a loss of consciousness for 1 second. He missed 1 week of practice and 1 game due to this concussive event. Charles estimates that he additionally had multiple undiagnosed concussions per game. Similar to his experience while playing in the NFL, Charles suffered loss of consciousness due to many of these undocumented injuries for a split second.
- **High School Football:** Charles did not have any documented or undocumented concussions while playing football in high school.
- **Pee Wee Football:** Charles does not remember having any concussions when playing peewee football.
- **Typical Post-Concussive Symptoms:** Charles' typical post-concussive symptoms would include headaches, photophobia, nausea. At times his symptoms would last for a few days in duration.

**PAST MEDICAL HISTORY:**

	YES	NO	Comments
Diabetes		X	
Hypertension		X	
Heart Disease		X	
Stroke		X	
Anemia		X	
Thyroid Disease		X	
Cancer		X	
Kidney Disease		X	
Liver Disease		X	
Lung Disease		X	
Arthritis	X		
Learning Disabilities		X	
ADHD		X	
Other	X		Anxiety, depression, insomnia, headaches, memory loss

**CS-00676**

**PAST SURGICAL HISTORY:**

- Right pectoralis muscle repair
- Tonsillectomy
- Right ankle

**PAST PSYCHIATRIC HISTORY:**

	YES	NO	Comments/Dates/Circumstances:
Past psychiatric visits/psychotherapy/counseling		X	
Past psychiatric hospitalizations		X	
Suicide attempts history		X	
Suicidal thoughts	X		Charles has had intermittent suicidal thoughts over the last 2 years. His most recent thoughts of suicide occurred last month. Charles states that he does not currently have any plan to harm himself or others.
History of aggression and violence		X	
History of restraining order or criminal justice contact		X	

**PRIOR NEUROLOGICAL OR NEUROPSYCHOLOGICAL:** Yes X No

- Comments: None

**PAST MEDICATIONS:** (List medications, dose, side effects, length of treatment, response to medications):

- None

**CURRENT MEDICATIONS:** (List medications, dose, side effects, length of treatment, response to medications. If any discontinuation, why and when):

- None

**ETOH/ SUBSTANCE ABUSE/STEROIDS HISTORY:**

	YES	NO	Comments (Age first used, amount, frequency, duration, longest period without using, last used)
ETOH	X		Charles tried alcohol twice while in college.
Marijuana		X	
Cocaine		X	
Opiates		X	
Stimulants		X	
Hallucinogens		X	
Ecstasy		X	
LSD		X	
PCP		X	

CS-00677

Abuse of Rx Medications		X	
Anabolic Steroids		X	
Other		X	

**FAMILY HISTORY:**

	YES	NO	Comments
Dementia		X	
AD		X	
Parkinson's Disease		X	
Seizures		X	
Other		X	

**SOCIAL HISTORY:**

Employment, Living Arrangements, Marital Status, and Hobbies:

1. EMPLOYMENT:
  - None
2. LIVING ARRANGEMENTS:
  - Charles lives with his wife. They have no children.
3. MARITAL STATUS:
  - Charles is married.
4. HOBBIES:
  - None

**REVIEW OF SYSTEMS:**

Skin	No issues
Eyes	No issues
Head	No issues
Lungs	No issues
Cardiac	No issues
Gastrointestinal	No issues
Endocrine	No issues
Urinary	No issues
Neuro	See above

**GENERAL MEDICAL EXAMINATION:**

Vital Signs: BP: 138/86      pulse: 61      weight: 186 pounds

Skin: No obvious lesions

HEENT: Normocephalic

Neck: Supple

Cardiac: Regular rate and rhythm, no murmurs or bruits

Lungs: Clear to auscultation bilaterally

Abdomen: Soft, nontender, normal bowel sounds

**CS-00678**

Back: NontenderExtremities: No clubbing, cyanosis, or edema**COGNITIVE EXAM (MOCA):**

Total MOCA Score 22/30

Visuospatial/Executive:	3/5
Naming:	3/3
Attention:	2/2
Digits	2/2
Letters	1/1
Serial 7s	3/3
Language:	1/2
Repeat	1/2
Fluency	0/1
Abstraction:	1/2
Delayed Recall:	2/5
Orientation:	6/6

	YES	NO	Comments
Multistep Command: (with your left hand, touch your right ear, close your eyes and stick out your tongue)	X		
Concentration sustained during the exam: (Listening)		X	Charles had had some mild decreased concentration during his exam.
Knowledge of current events within the last week		X	
Language: Comprehension. Naming: objects (pen, ball point of the pen, clip of pen) and colors. Ability to repeat: (no ifs ands or buts). Reading and Writing.		X	Charles frequently did not understand some of the vocabulary that I used when asking him questions during the history portion of this exam. He was able to name colors and small objects. He did not have any problems with reading or writing a simple sentence.

Other Cognitive Testing (Specify):

- Charles had visual apraxia.

**BEHAVIORAL EXAMINATION****Appearance:**

	YES	NO	Comments
Well Groomed	X		
Unkempt		X	

**CS-00679**

**Interaction:**

	<b>YES</b>	<b>NO</b>	<b>Comments</b>
Pleasant and Cooperative	X		
Hostile		X	
Withdrawn	X		Charles' demeanor was pleasant, but he seemed to be withdrawn during his interview.
	<b>Good</b>	<b>Poor</b>	
Eye Contact		X	

**Reported Mood:**

	<b>YES</b>	<b>NO</b>	<b>Comments</b>
Sad/Depressed	X		Charles stated that he felt "flat".
Anxious		X	
Angry		X	
Euthymic		X	

**Affect:**

	<b>YES</b>	<b>NO</b>	<b>Comments</b>
Appropriate		X	
Sad/Depressed	X		
Irritable		X	
Angry		X	
Constricted		X	
Labile		X	

**Speech:**

	<b>YES</b>	<b>NO</b>	<b>Comments</b>
Normal rate/rhythm	X		
Pressured		X	
Slow		X	
Logorrhea		X	
Paucity of speech		X	

**Thought Content:**

	<b>YES</b>	<b>NO</b>	<b>Comments</b>
Suicidal ideations		X	
Homicidal ideations		X	
Delusions		X	
Paranoid Ideations		X	
Preoccupations		X	

**Thought Processes:**

CS-00680

	YES	NO	Comments
Linear	X		
Goal Directed	X		
Tangential		X	
Circumstantial		X	
Loose Associations		X	
Disorganized		X	

**Perception:**

	YES	NO	Comments
Visual/Auditory Hallucinations		X	

	YES	NO	Comments
Psychomotor Agitation		X	
Psychomotor Retardation		X	

	YES	NO	Comments
Insight	X		
Judgement	X		

**NEUROLOGICAL EXAMINATION**Handedness: \_\_ Left X Right**Cranial Nerves:**

Are the following cranial nerves intact?

	YES	NO	Not Tested	Describe any abnormality
I			X	
II	X			Normal funduscopic exam. 20/20 left, 20/25 right
III/IV/VI	X			
V	X			
VII		X		Intermittent blepharospasm around his left eye
VIII	X			
IX/X	X			
XI	X			
XII	X			

**Frontal Lobe Release Signs:**

	YES	NO	Not Tested	Describe any abnormality
Snout		X		
Glabellar		X		

**CS-00681**

Jaw Jerk		X		
Palmonental		X		
Other				

**Motor:**

	YES	NO	Not Tested	Describe any abnormality
Atrophy		X		
Tremor		X		
	Normal	Abnormal		
Tone	X			
Strength Upper Extremities	X			
Strength Lower Extremities	X			

**Reflexes:**

	YES	NO	Not Tested	Describe any abnormality
	Normal	Abnormal		
Upper Extremities	X			
Lower Extremities	X			
Babinski	X			

**Coordination:**

	YES	NO	Not Tested	Describe any abnormality
Finger to Finger	X			
Finger to Nose	X			
Dysdiadochokinesis	X			

**Sensory:**

	YES	NO	Not Tested	Describe any abnormality
Sharp/Dull	X			
Vibration	X			
Position	X			
Other				

**Gait:**

	Normal	Abnormal	Not Tested	Describe any abnormality
Heel Walk			X	Charles had difficulty walking on his heels due to his right ankle.
Toe Walk	X			
Tandem	X			

CS-00682

**Romberg:**

	Positive	Negative	Not Tested	Describe any abnormality
	X			

**MEDICAL RECORDS:**

104 pages of records were provided for review; those applicable to Charles' claim are summarized below:

- 2/19/2020 EMG/NCS upper extremities: Suggestion of right C5-6 and C4-5 radiculopathy. Right cubital tunnel syndrome.

**IMPRESSION AND DISCUSSION:**

- Blepharospasm on the left.
- Post-concussive syndrome consisting of headaches and dizziness.
- Subjective memory loss

I am unable to determine whether Charles has any cognitive impairment due to his failure of validity testing given during the neuropsychological aspect of this joint evaluation. Charles does not have any total and permanent disability resulting from his post-concussive syndrome.

**DISCUSSION:**

Charles is a 30-year-old former professional football player who presented for both a neurocognitive and a total and permanent disability evaluation concerning multiple cognitive complaints. After taking and conducting a comprehensive history and examination, along with a discussion with the neuropsychologist (Dr. Cooper), I am unable to determine whether Charles has any cognitive impairment due to his failure validity testing. It is my professional medical opinion that Charles does not have any total and permanent disability with respect to his headaches and dizziness.

Charles reports having memory problems for the last 2 years. He has difficulty writing and speaking. He forgets what his wife has told him, and his recall of long-term events is impaired. Charles forgets to purchase necessary items at the grocery store even if he has a shopping list and he has confused a tablespoon and teaspoon when cooking. He has forgotten appointments and his wife has had to take over the task of organizing his calendar and reminding him of upcoming scheduled events. Charles reports having terrible concentration that affects his ability to read, watch television, and drive.

Charles had an abnormal cognitive exam and scored a 22/30 on the MOCA, a grade that is 4 points below normal. He had obvious decreased concentration during his exam, and he had difficulty understanding some of the vocabulary that I was using during the historical aspect of this evaluation. He additionally had visual apraxia. Although Charles' exam findings could be present in patients with true cognitive impairment, the fact that Charles failed validity testing given during the neuropsychological aspect of this evaluation indicates that he was not putting forth his best effort during testing. Based on this finding, I cannot definitively determine if his neurological exam is a true representation of his cognitive state. A repeat evaluation in the future may be helpful to determine if Charles shows any true impairment.

**CS-00683**

Charles additionally complained of headaches and dizziness as part of his total and permanent disability evaluation. He currently experiences dizziness twice per week for 30 seconds at a time. It is my professional medical opinion that one total minute of dizziness per week is not a cause of disability. For the last 2 years, Charles describes having constant headaches on a daily basis. In general, headaches alone are not a disabling condition and Charles did not describe any characteristics of his particular headaches that would indicate that they are a reason/cause of complete inability to work for remuneration. Charles further reports having photophobia, and this symptom can be ameliorated well through the use of proper tinted glasses.

Charles had an obvious, but mild, blepharospasm of his left eye. This blepharospasm as it is today and without treatment is a minor neurological condition that is not a cause of disability. Charles reports being depressed and having anxiety. I recommend that he seek out professional care from either a psychiatrist or psychologist regarding these complaints.

In conclusion, I am unable to determine whether Charles has any true cognitive impairment due to his failure of validity testing. It is my professional medical opinion that his other neurological symptoms are not a cause of any total and permanent disability.



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Signature of Neurologist

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4/1/2021

Date

**CS-00684**

## Montreal Cognitive Assessment (MOCA)

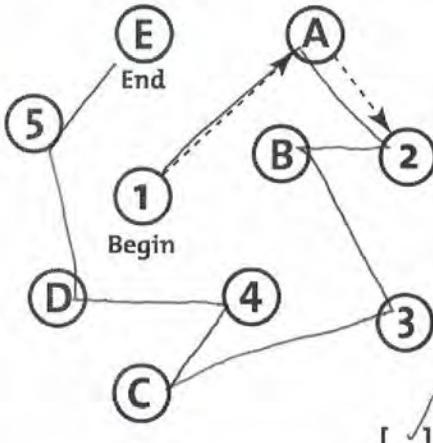
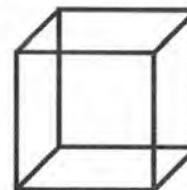
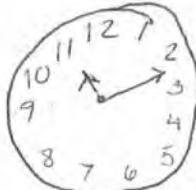
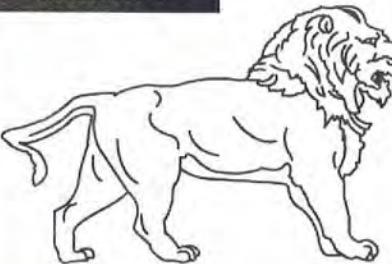
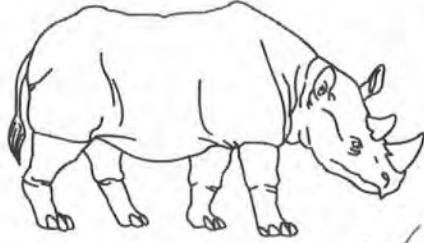
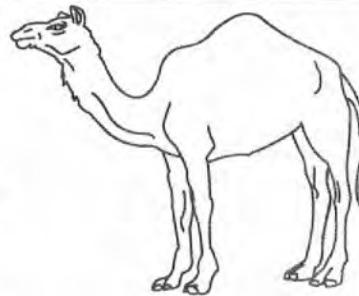
NAME: Charles S.

Education:

Date of birth:

Sex:

DATE: 4/1/21

<b>VISUOSPATIAL / EXECUTIVE</b>			  	Copy cube	Draw CLOCK (Ten past eleven) (3 points)	POINTS		
		[✓]						
				[✓] Contour    [✗] Numbers    [✓] Hands	3/5			
<b>NAMING</b>								
		[✗]	[✓]	[✓]	3/3			
<b>MEMORY</b>	Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.		FACE	VELVET	CHURCH	DAISY	RED	No points
		1st trial	[✓]	[✓]	[✗]	[✓]	[✓]	
		2nd trial	[✓]	[✓]	[✓]	[✓]	[✓]	
<b>ATTENTION</b>	Read list of digits (1 digit/sec.).	Subject has to repeat them in the forward order	[✓]	2 1 8 5 4				
		Subject has to repeat them in the backward order	[✓]	7 4 2				3/2
Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors								
								
[✓] 1/1								
Serial 7 subtraction starting at 100    [✓] 93    [✓] 86    [✓] 79    [✗] 72 73    [✓] 65 66    3/3								
4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt								
<b>LANGUAGE</b>	Repeat: I only know that John is the one to help today. [✗] The cat always hid under the couch when dogs were in the room. [✓]							1/2
Fluency / Name maximum number of words in one minute that begin with the letter F    [✗] 9 (N ≥ 11 words)    0/1								
<b>ABSTRACTION</b>	Similarity between e.g. banana - orange = fruit	[✗] train - bicycle	[✓] watch - ruler					1/2
<b>DELAYED RECALL</b>	Has to recall words WITH NO CUE	FACE [✗]	VELVET [✓]	CHURCH [✓]	DAISY [✗]	RED [✗]	Points for UNCLUED recall only	2/5
Optional	Category cue							
	Multiple choice cue							
<b>ORIENTATION</b>	[✓] Date    [✓] Month    [✓] Year    [✓] Day    [✓] Place    [✓] City							6/6
© Z.Nasreddine MD Version November 7, 2004								
Normal ≥ 26 / 30    TOTAL 22/30								
Add 1 point if ≤ 12 yr edu								

CS-00685

far	fort
food	from
family	farms
from	father
fear	face

It is very hot in San Antonio.

**CS-00686**



# NFL PLAYER BENEFITS

## DISABILITY PLAN

### PHYSICIAN REPORT FORM

#### TOTAL & PERMANENT DISABILITY BENEFITS

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Neurocognitive Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

**Player's name:** Charles Sims      **DOB:** [REDACTED]      **Phone:** [REDACTED]

**Player's address:** 5011 Mountain Maple Trail, Rosenberg, TX 77471

**Player's Credited Seasons:** 5

**Claimed impairments:** See application

1. Did you receive records for this Player?  YES |  NO   If so, how many pages? 104 pages
2. Did you evaluate the Player?  YES |  NO   If so, when? 3/31/2021
3. Have you or your colleagues ever treated the Player previously?  YES |  NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?  
 (Attach additional sheets if necessary.)

Impairment to	Cause of impairment		
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	<input type="checkbox"/> Injury
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	<input type="checkbox"/> Injury
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	<input type="checkbox"/> Injury
	<input type="checkbox"/> Injury	<input type="checkbox"/> Unknown	

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit?  YES |  NO

Unable to Determine

## If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?  YES |  NO

## If you checked NO:

- Describe the type of employment in which the Player can engage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

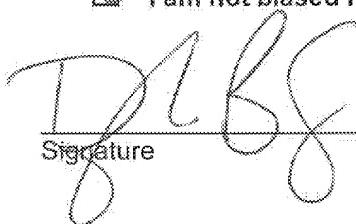
6. Do you have any additional remarks? See Narrative Summary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the required narrative report with this form.

I certify that:

- I reviewed all records of this Player provided to me.
- I personally examined this Player.
- This Physician Report Form and the attached narrative report(s) accurately document my findings.
- My findings reflect my best professional judgment.
- I am not biased for or against this Player.



Signature

  
\_\_\_\_\_  
Date

---

**SOUTH TEXAS NEUROPSYCHOLOGY**  
**16014 VIA SHAVANO**  
**SAN ANTONIO, TX 78249**  
**(210) 614-3011**

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**NFL PLAYER BENEFITS PROGRAM**  
**NEUTRAL NEUROPSYCHOLOGICAL EVALUATION**

**PLAYER'S NAME:** Charles Sims

**EXAMINATION DATE:** 3/31/2021

**DATE OF BIRTH:** [REDACTED]

**AGE:** 30

**EDUCATION:** 16

**NEUTRAL NEUROPSYCHOLOGIST:** Douglas B. Cooper, PhD ABPP-CN

**REASON FOR REFERRAL:** Charles Sims is a 30-year-old, African-American male who was referred for a neutral neuropsychological evaluation by the NFL Player Benefits Program as part of his application for Total & Permanent Disability (T&P) and Neurocognitive Disability (NCD) Benefits. On Mr. Sims' NFLPB T&P and NCD Applications, he noted the cumulative impact of his orthopedic, psychiatric, neurological and neuropsychological impairments prevent him from being able to work. No specific cognitive complaints were included in the application.

**INFORMED CONSENT:** Prior to the start of this evaluation, Charles Sims provided a driver's license to verify his identification. He was informed about the non-clinical nature of our relationship, that no clinical care or treatment would be offered, and completion of the evaluation did not establish a patient-doctor relationship. He was informed of the limits of confidentiality. He was told that he was required to put forth his best effort during the assessment, that his level of effort would be discussed in the narrative summary, and that failure to do so may impact his benefits. He was informed that the narrative summary would be sent to the NFL Player Benefits Office. He provided written and verbal consent to participate in this neutral neuropsychological evaluation.

**DOCUMENTS REVIEWED:**

- Player's NFL T&P Disability and NCD Disability Application
- Medical records submitted by player

All of the medical records were related to orthopedic injuries, pain, and associated evaluations and treatments. There were no medical records relevant to concussion and/or cognitive functioning that were made available for review.

**CS-00689**

**TESTS ADMINISTERED:**

Wechsler Adult Intelligence Scale - IV (WAIS-IV) Selected Subtests

Test of Pre-Morbid Functioning (TOPF)

Wisconsin Card Sorting Test (WCST)

Delis-Kaplan (DKEFS) Trail Making (TM)

Delis-Kaplan (DKEFS) Verbal Fluency (VF)

Delis-Kaplan (DKEFS) Color-Word Interference (CWIT)

Boston Naming Test (BNT)

Wechsler Memory Scale - IV (WMS-IV):

Logical Memory and Visual Reproduction subtests

California Verbal Learning Test – II (CVLT-II)

Rey Complex Figure Test (RCFT-C) - Copy

Medical Symptom Validity Test (MSVT)

Test of Memory Malingering (TOMM)

Minnesota Multiphasic Personality Inventory- 2 - RF (MMPI-2-RF)

Beck Depression Inventory (BDI)

Beck Anxiety Inventory (BAI)

**RELEVANT PSYCHOSOCIAL AND MEDICAL HISTORY:**

Social and Vocational History: Mr. Sims was born and raised in Houston, Texas. He reported that he has 2 brothers and 1 sister. He described himself as an average to above average student and denied a history of learning difficulties, grade failures or attention problems as a child. There was no reported need for academic accommodations in school. Mr. Sims reported that he majored in health at the University of Houston, where he played running back. He stated that he was a graduate transfer to West Virginia University and took graduate courses for one semester. Mr. Sims stated that he played for the Tampa Bay Buccaneers for five years. He stated that he has not attempted to work since retiring from football. Mr. Sims has been married for 5 years. They do not have any children. He lives with his wife in a home in Rosenberg, Texas.

Medical History: Mr. Sims stated that he does not have a primary care physician and does not currently see any specialty physicians. He reported ongoing pain issues affecting "my head and my body," which he rated as a "10" on a scale of 1 to 10 on the day of the evaluation. When asked about a history of concussions, he stated that he played through several concussions in high school. He reported that he was placed in the concussion protocol one time at the University of Houston and missed playing time. He also stated, "numerous times I played through [concussive] injuries." He denied being formally diagnosed with a concussion while playing in the NFL, but added "multiple times, I played through concussion symptoms." There is no known/reported family history of neurodegenerative conditions.

Mental Status Examination: Mr. Sims reported severe ongoing sleep difficulties, affecting both falling asleep and staying asleep. He stated that, when he is trying to fall

asleep, his mind races and he experiences pain. Once he falls asleep, he stated that he wakes up 2-3 later and cannot fall back asleep. He reported loss of appetite and low energy. When asked about his mood, he stated, "Everything ticks me off." He added, 'If it's not peace and quiet, I get angry really fast." Affect was flattened and non-reactive. He also reported periods of depressed mood and anxiety, stating that he had been experiencing anxiety attacks "that felt like I was having a heart attack." He stated that he sought medical treatment, and was prescribed an anti-depressant, but discontinued it because "it made me feel like a zombie." He stated that he is much more socially isolated in recent months and denied interest in any activities including watching/following sports. He denied current suicidal ideation/intent/plan but acknowledged a history of passive suicidal thoughts. There was no report/evidence of delusions or hallucinations. He stated that he does not consume alcohol or use any illicit substances. He denied a history of problematic alcohol-use behaviors. He stated that he has tried CBD oil for pain and sleep, but does not feel that it is helpful. There is no lifetime history of treatment for a psychiatric condition, apart from a short trial of an anti-depressant.

Mr. Sims reported vague cognitive problems over the last few years. Specifically, he stated "I can't remember things I should remember. I just can't remember anything." With prompting, he added, "It's hard to pay attention. I lose focus easily."

**BEHAVIORAL OBSERVATIONS:** Mr. Sims was tested in office as an outpatient. He arrived on time and was accompanied by his wife to his scheduled appointment. He ambulated independently, with no observable problems with gait, coordination, or balance, upon casual inspection. He reported and demonstrated right hand motor dominance. Motor movement appeared normal for speed, dexterity, and praxis bilaterally. Vision appeared adequate for the purposes of the evaluation, without correction. Hearing was good without use of amplification. He made adequate eye contact and displayed appropriate interpersonal skills. He appeared easily distracted and had poorly sustained attention throughout the evaluation. He often commented that he was distracted by the sound of birds chirping outside the window. He also stated that he "zoned out" on some tasks (e.g., WMS logical memory and WAIS digit span). His approach to task was slow but deliberate. Speech was normal for rate, pitch, tone, and volume. Articulation was fair as he tended to mumble. Expressive language was generally clear and goal directed. Language appeared free from word finding problems, circumlocutions, hesitations, perseverations, or paraphasic errors. Language comprehension appeared adequate for conversation and simple task instructions; However, he appeared to have difficulty with complex task instructions, which needed clarification. There was some evidence to suggest a moderate level of frustration and fatigue throughout the evaluation. He appeared to be easily frustrated and was somewhat irritable at times. He was somewhat difficult to engage during the evaluation.

## **CURRENT EVALUATION FINDINGS AND INTERPRETATION**

### **Intellectual Functioning**

Mr. Sims' intellectual abilities ranged from borderline to severely impaired (FSIQ = 67). No discrepancy was observed between measures of verbal comprehension and perceptual reasoning, but both were significantly below expectation. Processing speed represented an area of poorest performance (PSI = 59). Overall scores were significantly below estimated long-standing levels of functioning (TOPF predicted FSIQ = 96).

### **Information Processing Speed**

Processing speed was slow across tests. Speed on a digit symbol substitution task was moderately impaired, while performance on a timed visual matching and discrimination test was severely impaired. Performance on visual scanning and sequencing tasks ranged from borderline to profoundly impaired. Simple motor speed was profoundly impaired.

### **Attention/Working Memory**

Attention for simple auditory information was average. Working memory on a mental arithmetic task was mildly impaired. Performance on a test of selective attention and response inhibition was profoundly impaired across tasks, including the easiest subtests.

### **Learning and Memory (Verbal & Visual)**

Performance on learning and memory tasks were impaired across tasks. Overall learning on a 16-item list learning task was borderline impaired. Short delayed free recall of learned information was low average, but long-term free recall was moderately impaired. Immediate recall of short stories was severely impaired, and retention of learned story details after a 30-minute delay was also severely impaired. Immediate recall of simple figures was moderately impaired, and delayed recall after 30 minutes was borderline impaired.

### **Executive Functioning**

Problem-solving and concept formation on a card sorting test was impaired overall, as he only completed one of six categories, and made an elevated number of errors on this measure. Mental flexibility on a test of selective attention and response inhibition was profoundly impaired. Performance on a test of mental set shifting was also profoundly impaired.

Language

Confrontation naming was moderately impaired. Verbal fluency was moderately impaired for both phonemic and category fluency trials.

Visual-Perceptual Skills

Mr. Sims' copy of a complex geometric figure was severely impaired. Performance on a block construction task was borderline impaired. On a test requiring visual rotation and integration of details, his performance was also borderline impaired.

Personality/Mood

On simple self-report measures of mood, Mr. Sims endorsed severely elevated symptoms of both depression (BDI-2 = 48/63) and anxiety (BAI = 52/63). His self-reported difficulties with depression and anxiety were generally consistent with his self-report during the clinical interview. On the MMPI-2 RF validity scales, significant elevations were seen on measures of overreporting of psychological, cognitive and emotional symptoms, invalidating the test. There was no endorsement of current suicidal intent/plan during the examination. He was provided the NFL Life Line number (800) 506-0078, and told to seek care if his symptoms worsen.

VALIDITY TESTS**Part 1**

Test results on TOMM and MSVT were valid	_____
Test results on embedded validity measures were valid (Reliable Digit Span, CVLT-II Forced Choice, WMS-IV Logical Memory Recognition & Visual Reproduction Recognition)	_____
Invalid test results on TOMM <u>and</u> MSVT	<u>XX</u>
Invalid test results on TOMM only	_____
Invalid test results on MSVT only	_____
Invalid test results on embedded validity test	<u>XX</u>

IMPRESSION

Results from comprehensive neuropsychological evaluation were invalid and cannot be used to make a determination about any neurocognitive impairment or cognitive disability. It should be noted that Mr. Sims's poor performance on this evaluation does not exclude the possibility that he has some cognitive difficulties or deficits, but I was unable to document possible impairment due to his implausibly low test scores and failure on multiple performance validity tests.

Mr. Sims reported symptoms of depression and anxiety during the evaluation. He stated that he was prescribed an anti-depressant medication, but discontinued it

secondary to side effects. Although specific treatment recommendations were made, he was encouraged to seek treatment for his symptoms and provided with the NFL Lifeline number.

**Neurocognitive Disability (NCD):** Due to performance validity issues, I was unable to determine if Mr. Sims showed evidence of acquired neurocognitive impairment that would meet criteria for Neurocognitive Disability (NCD) as defined by the Plan.

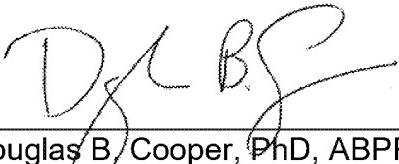
**Total & Permanent Disability (T&P):** Due to performance validity issues, I was unable to determine if Mr. Sims showed evidence of acquired neurocognitive impairment that would meet criteria for Total & Permanent Disability (T&P) as defined by the Plan.

### **USE OF TESTING ASSISTANTS**

- This neuropsychologist conducted the records review, clinical interview, and 100% of the testing, and interpretation and report preparation.
- XX This neuropsychologist conducted the records review, clinical interview, and interpretation and report preparation. Neuropsychological testing was completed by Emily Satel, an experienced psychometrician. Douglas B. Cooper, PhD ABPP-CN is responsible for supervision of the psychometrician who conducted the testing.

Thank you for the opportunity to participate in this evaluation. Please feel free to contact me, if I may be of any additional assistance.

Sincerely,



Douglas B. Cooper, PhD, ABPP-CN  
Board-Certified in Clinical Neuropsychology  
Licensed Psychologist (TX # 32263)

**APPENDIX A - TABLE OF TEST RESULTS:** Raw and standardized scores are presented only for use by appropriately trained professionals and to allow for any future test-retest comparison. These scores should not be interpreted without consideration of all the information that is contained in the rest of the report. The most recent standardization samples from the test publisher were used whenever possible to derive standard scores and percentiles; scores were corrected for age, gender, ethnicity and education when available.

Age (years):	30	Education (years):	16
--------------	----	--------------------	----

TOPF and WAIS-IV Composite Scores	Age SS	Demographic Adjusted T score	%tile	Description
<b>Pre-morbid Intellectual Functioning</b>				
TOPF (Standard Score)	77		6	**Borderline Impaired
Demographic Predicted FSIQ (optional)	96		39	Average
<b>WAIS-IV Composite Scores</b>				
Verbal Comprehension (VCI)	72		3	**Mildly Impaired
Perceptual Reasoning (PRI)	77		6	**Borderline Impaired
Working Memory (WMI)	80	33	9	**Borderline Impaired
Processing Speed (PSI)	59	25	<1	**Severely Impaired
Full Scale I.Q. (FSIQ)	67		1	**Moderately Impaired
General Ability (GAI)	72		3	**Mildly Impaired
<b>WAIS-IV Subtest Scores</b>				
<b>Verbal Comprehension</b>				
Similarities	5	30	5	**Mildly Impaired
Information	5	26	5	**Mildly Impaired
<b>Perceptual Reasoning</b>				
Block Design	6	39	9	**Borderline Impaired
Visual Puzzles	6	37	9	**Borderline Impaired
<b>Working Memory</b>				
Digit Span	8	42	25	Average
Arithmetic	5	28	5	**Mildly Impaired
<b>Processing Speed</b>				
Symbol Search	2	26	<1	**Severely Impaired
Coding	3	25	1	**Moderately Impaired

Test	Score	T-Score	%tile	Description
<b>Processing Speed/Efficiency</b>				
WAIS-IV Symbol Search (SS)	2	26	<1	**Severely Impaired
WAIS-IV Coding (SS)	3	25	1	**Moderately Impaired
D-KEFS Visual Scanning (SS)	1		<1	**Profoundly Impaired
D-KEFS Number Sequencing (SS)	6		9	**Borderline Impaired
D-KEFS Letter Sequencing (SS)	1		<1	**Profoundly Impaired
<b>Executive Functioning</b>				
Wisconsin Card Sorting Test (WCST)				
Categories Completed (Raw)	1		2-5	**Mildly Impaired
Perv. Responses (Raw Score)	19	36	8	**Borderline Impaired
Perv Errors (Raw Score)	18	35	7	**Borderline Impaired
Failures to Maintain Set (Raw)	4		≤1	**Severely Impaired
DKEFS Color Naming (SS)	1		<1	**Profoundly Impaired
Word Reading (SS)	1		<1	**Profoundly Impaired
Inhibition (SS)	1		<1	**Profoundly Impaired
Inhibition/Switching (SS)	1		<1	**Profoundly Impaired
Number Letter Switching (SS)	1		<1	**Profoundly Impaired
Phonemic Fluency (SS)	4		2	**Moderately Impaired
Category Fluency (SS)	3		1	**Moderately Impaired
Category Switching (SS)	5		5	**Mildly Impaired
<b>Attention</b>				
WAIS IV Digit Span (SS)	8	42	25	Average
<b>Verbal Learning/Recent Memory</b>				
CVLT II Trial 1 (z-score)	-1.5		7	**Borderline Impaired
Trial 5 (z-score)	-0.5		31	Average
Sum Trials 1-5 (T-Score)		35	7	**Borderline Impaired
Short Delay Free Recall (z-score)	-1.0		16	Below Average
Short Delay Cued Recall (z-score)	-2.5		<1	**Severely Impaired
Long Delay Free Recall (z-score)	-2.0		2	**Moderately Impaired
Long Delay Cued Recall (z-score)	-2.0		2	**Moderately Impaired
LDFR v SDFR (z-score)	-1.0		16	Below Average
Learning Slope (z-score)	0.0		50	Average
Repetitions (z-score)	2.0		2	**Moderately Impaired
Intrusions (z-score)	0.5		31	Average
WMS-IV Logical Memory I (SS)	2	22	<1	**Severely Impaired
Logical Memory II (SS)	2	25	<1	**Severely Impaired
<b>Nonverbal Learning/Recent Memory</b>				
WMS IV Visual Reproduction I (SS)	4	31	2	**Moderately Impaired
Visual Reproduction II (SS)	6	35	9	**Borderline Impaired

Test	Score	T-Score	%tile	Description
<b>Language</b>				
Boston Naming Test (Raw Score)	37			
Scale Score and T-Score	4	25	2	**Moderately Impaired
DKEFS Categorical Fluency (SS)	5		5	**Mildly Impaired
<b>Spatial-Perceptual Skills</b>				
Rey-Osterrieth Figure Copy (Raw Score)	31		≤1	**Severely Impaired
Scale Score and T-Score				
WAIS IV Block Design (SS)	6	39	9	**Borderline Impaired
WAIS-IV Visual Puzzles (SS)	6	37	9	**Borderline Impaired
<b>Motor Speed</b>				
DKEFS Motor Speed (SS)	1		<1	**Profoundly Impaired

Performance Validity Indices	Score	Description	
<b>Effort Measures</b>			
Test of Memory Malingering Trial 1	34	N/A	
Test of Memory Malingering Trial 2	38	**Invalid	
Test of Memory Malingering Retention	35	**Invalid	
Medical Symptom Validity Test IR	70	**Invalid	
Medical Symptom Validity Test DR	65	**Invalid	
Medical Symptom Validity Test CNS	65	**Invalid	
Medical Symptom Validity Test PA	60	N/A	
Medical Symptom Validity Test FR	40	N/A	
CVLT-II Forced Choice Recognition	12/16	**Invalid	
		Base Rate Probability	
ACS – RDS	10	Valid	> 25
ACS – WMS-IV LM Recognition (Raw)	21	Valid	> 25
ACS – WMS-IV VR Recognition (Raw)	2	**Invalid	≤ 5

Mood/Personality	Score	Range
BDI-II	Raw= 48	**Severe Depression Symptoms
BAI	Raw= 52	**Severe Anxiety Symptoms
<b>MMPI 2-RF</b>	<b>T-Score</b>	
Variable Response Inconsistency (VRIN-r)	53	WNL
True Response Inconsistency (TRIN-r)	57	WNL
Infrequent Responses (F-r)	120	**Severely Elevated
Infrequent Psychopathology Responses (Fp-r)	59	WNL
Infrequent Somatic Responses (Fs)	120	**Severely Elevated
Symptom Validity (FBS-r)	99	**Severely Elevated
Response Bias Scale (RBS)	120	**Severely Elevated
Emotional/Internalization Dysfunction(EID)	87	**Severely Elevated
Thought Dysfunction (THD)	88	**Severely Elevated
Behavioral/Externalizing Dysfunction (BXD)	40	WNL
Demoralization (RCd)	85	**Severely Elevated
Somatic Complaints (RC1)	100	**Severely Elevated
Low Positive Emotions (RC2)	99	**Severely Elevated
Cynicism (RC3)	49	WNL
Antisocial Behavior (RC4)	39	WNL
Ideas of Persecution (RC6)	75	**Moderately Elevated
Dysfunctional Negative Emotions (RC7)	86	**Severely Elevated
Aberrant Experiences (RC8)	90	**Severely Elevated
Hypomanic Activation (RC9)	36	WNL
Malaise (MLS)	87	**Severely Elevated
Head Pain Complaints (HPC)	85	**Severely Elevated
Neurologic Complaints (NUC)	100	**Severely Elevated
Cognitive Complaints (COG)	91	**Severely Elevated
Suicidal/Death Ideation (SUI)	79	**Moderately Elevated
Stress/Worry (STW)	65	WNL
Anxiety (AXY)	91	**Severely Elevated
Anger Proneness (ANP)	59	WNL
Substance Abuse (SUB)	41	WNL
Aggression (AGG)	61	WNL



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202  
Phone: 800.638.3186  
Fax: 410.783.0041

Via Email

June 11, 2021

Mr. Charles Sims  
[REDACTED]

**Re: NFL Player Disability, Neurocognitive & Death Benefit Plan**  
**Initial Decisions by the Disability Initial Claims Committee**

Dear Mr. Sims:

On May 17, 2021, the Disability Initial Claims Committee ("Committee") of the NFL Player Disability, Neurocognitive & Death Benefit Plan ("Plan") considered your applications for total and permanent disability ("T&P"), neurocognitive disability ("NC"), and line-of-duty disability ("LOD") benefits. The Committee awarded you T&P benefits in the Inactive A category, with an effective date of March 1, 2020. By virtue of this T&P award, you are entitled to receive a monthly benefit of \$11,250.00 from the Plan. Qualified Domestic Relations Orders and/or Early Payment Benefit payouts may impact the amount, if applicable in your case. The Committee denied your NC and LOD applications. This letter describes the Committee's decisions and your appeal rights. Enclosed with this letter are the relevant Plan provisions cited below.

### **T&P Benefits**

You have Credited Seasons for 2014-2018. Your application for T&P benefits was received on May 5, 2020 and was based on orthopedic, psychiatric, neurologic, and cognitive impairments. With your application, you submitted a declaration and letter describing your impairments and 104 pages of medical records, including operative reports, diagnostic imaging studies, and Club records. You then attended examinations with four Plan Neutral Physicians: Dr. Hussein Elkousy (orthopedist), Dr. John Rabun (psychiatrist), Dr. Eric Brahin (neurologist), and Dr. Douglas Cooper (neuropsychologist). By report dated March 26, 2021, Dr. Elkousy concluded that you are not totally and permanently disabled and can engage in medium duty capacity occupations. By report dated April 26, 2021, Dr. Rabun found that your psychiatric impairments render you totally and permanently disabled. By report dated April 2, 2021, Dr. Brahin determined that you are not totally and permanently disabled based on any neurological symptoms. By report dated April 7, 2021, Dr. Cooper indicated that he was unable to determine whether you are totally and permanently disabled due to performance validity issues.

**CS-00699**

Mr. Charles Sims  
June 11, 2021  
Page 2

On May 17, 2021, the Committee reviewed your T&P application and the other materials in your file, including the reports of these Neutral Physicians. After reviewing your file and the report of Dr. Rabun, the Committee found that you meet the Plan's requirements for T&P benefits.

Having determined that you are eligible for T&P benefits, the Committee then addressed the classification of your benefits. The members of the Committee were deadlocked as to which category of T&P benefits you are entitled to receive. One member of the Committee determined that the Active Football category is appropriate in your case because you satisfy the requirements for that category set out in Plan Section 3.4(a).

The other member of the Committee voted to award you the Inactive A category. This member of the Committee noted that Section 3.5(b) precludes an award of Active Football benefits for a psychiatric disorder unless it (1) is caused by or relates to a head injury (or injuries) sustained during League football activities (e.g., repetitive concussions); (2) is caused by or relates to the use of a substance prescribed by a licensed physician for an injury (or injuries) or illness sustained by a Player arising out of League football activities; or (3) is caused by an injury (or injuries) or illness that qualified the Player for Plan T&P benefits under Section 3.4(a). This Committee member determined that the evidence in your file does not support any of the three exceptions that would permit an award of Active Football benefits.

This Committee member next found that there was insufficient evidence to conclude that your psychiatric impairments first arose while you were an Active Player, as required for Active Nonfootball benefits under Section 3.4(b). In reaching this conclusion, this Committee member found that the evidence did not show that your psychiatric condition(s) began during your NFL career.

Because both Committee members determined that you are totally and permanently disabled but disagreed on the category of benefits, you will receive T&P benefits in the Inactive A category.

The Committee determined that March 1, 2020 is the appropriate effective date because it is the first day of the month that is two months before the date your application was received by the NFL Player Benefits Office (Plan Section 3.10).

#### **Tax Notice and Direct Deposit**

Disability payments are taxable income. Please complete the enclosed federal tax withholding form. Upon receipt of your completed tax form, you will receive a lump sum payment that reflects your effective date (mentioned above) through and including the month in which your tax form was received (less taxes).

**CS-00700**

Mr. Charles Sims  
June 11, 2021  
Page 3

Your periodic payment will start the following month. If you would like your payments to be deposited directly into your bank account, please also complete the enclosed Direct Deposit Request form and return it to this office along with your Form W-4.

If we do not receive your completed tax form within 6 months from the date of this letter, we will commence distribution of your benefits as soon as administratively applicable using the IRS default tax withholding rules.

You may change your elected (or default) tax withholding election at any time by submitting a tax withholding form.

#### **NC Benefits**

Your NC application was also received on May 5, 2020. With your application, you referenced the same medical records submitted with your T&P application.

You then attended examinations with Plan Neutral Physicians Drs. Brahin and Cooper. By report dated April 1, 2021, Dr. Brahin was unable to definitely determine if your neurological exam was a true representation of your cognitive state due to failed validity testing. By report dated April 7, 2021, Dr. Cooper stated that he was unable to determine if you showed evidence of acquired neurocognitive impairment due to performance validity issues. By joint report dated April 2, 2021, Drs. Brahin and Cooper confirmed that they were unable to determine whether you show evidence of acquired neurocognitive impairment due to low scores on validity measures.

On May 17, 2021, the Committee considered your NC application and the other materials in your file, including the reports of these Neutral Physicians.

Plan Section 6.2(e) states that a Player who fails two validity tests in his Plan neuropsychological exam will not be eligible for NC benefits. Because you failed the two validity tests, you do not meet the threshold eligibility requirements of Plan Section 6.2(e). In addition, because of the failed validity tests, the Plan Neutral Physicians could not determine that you have a neurocognitive impairment. You therefore did not meet the requirements of Plan Section 6.1(e), which states that a Player will not be eligible for, and will not receive, NC benefits unless at least one Plan Neutral Physician finds evidence of neurocognitive impairment. The Committee thus denied your application for NC benefits for these two reasons.

In making its decision, the Committee considered the medical records you submitted in support of your application, but it determined that these records do not support a finding of acquired neurocognitive impairment at this time.

**CS-00701**

Mr. Charles Sims  
June 11, 2021  
Page 4

Furthermore, the Neutral Physicians considered these records when they independently concluded that they were unable to determine whether you show evidence of acquired neurocognitive impairment.

**LOD Benefits**

Your LOD application was also received on May 5, 2020. With your application, you referenced the same medical records submitted with your T&P and NC applications. You then attended an examination with Plan neutral orthopedist Dr. Elkousy.

On May 17, 2021, the Committee considered your LOD application, the other materials in your file, and the report from Dr. Elkousy.

Plan Section 5.1(c) states, in part, that to qualify for LOD benefits, at least one Plan Neutral Physician must find that you have a “substantial disablement” “arising out of League football activities.” For orthopedic impairments, you have a substantial disablement if your impairments rate nine or more points using the Point System for Orthopedic Impairments (Plan Section 5.5(a)(4)(B); Appendix A). Dr. Elkousy rated your impairments at four points under the Point System for Orthopedic Impairments. Because no Plan physician reported that you have a substantial disablement, you do not meet the threshold eligibility requirement of Plan Section 5.1(c). In addition, the Committee determined the medical records you submitted with your application do not alone demonstrate that you have a substantial disablement within the meaning of the Plan, and those records were taken into consideration by Dr. Elkousy when he calculated your points under the Point System. The Committee thus denied your application for LOD benefits.

**Appeal Rights**

Enclosed with this letter is a copy of Plan Section 13.14, which governs your right to appeal the Committee’s decisions. You may appeal the Committee’s decisions to the Plan’s Disability Board by filing a written request for review with the Disability Board at this office within 180 days of your receipt of this letter. You should also submit written comments, documents, and any other information that you believe supports your appeal. The Disability Board will take into account all available information, regardless of whether that information was available or presented to the Committee.

This letter identifies the Plan provisions that the Committee relied upon in making its determinations. Please note that the Plan provisions discussed in this letter are set forth in the “Relevant Plan Provisions” attachment.

**CS-00702**

Mr. Charles Sims  
June 11, 2021  
Page 5

These are excerpts, however. You should consult the Plan Document for a full recitation of the relevant Plan terms. The Committee did not rely on any other internal rules, guidelines, protocols, standards, or other similar criteria beyond the Plan provisions discussed herein.

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claims for benefits, including the governing Plan Document, which can also be found at [www.nflplayerbenefits.com](http://www.nflplayerbenefits.com). Please note that if the Disability Board reaches an adverse decision on review, you may then bring a civil action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended, 29 U.S.C. §1132(a).

If you have any questions, please contact the NFL Player Benefits Office.

Sincerely,



Stephanie J. Torlina  
Benefits Coordinator  
On behalf of the Disability Initial Claims Committee

Enclosure

cc: Sam Katz

To receive assistance in these languages, please call:

SPANISH (Español): Para obtener asistencia en Español, llame al 855-938-0527 (ext. 1)

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 855-938-0527 (ext. 2)

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-938-0527 (ext. 3)

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 800-638-3186 (ext. 416)

CS-00703

## Relevant Plan Provisions

**1.1 "Active Player"** means a Player who is obligated to perform football playing services under a contract with an Employer; provided, however, that for purposes of Article 3 only, Active Player will also include a Player who is no longer obligated to perform football playing services under a contract with an Employer up until the July 31 next following or coincident with the expiration or termination of his last contract.

\* \* \* \*

**3.1 General Standard for Eligibility.** An Article 3 Eligible Player will receive monthly Plan total and permanent disability benefits ("Plan T&P benefits") in the amount described in Section 3.6, for the months described in Sections 3.10 and 3.11, if and only if all of the conditions in (a) through (f) below are met:

- (a) The Player's application is received by the Plan on or after January 1, 2015 and results in an award of Plan T&P benefits.
- (b) The Player is not receiving monthly retirement benefits under Article 4 or Article 4A of the Bert Bell/Pete Rozelle Plan.
- (c) The Player submits Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 3.3.
- (d) At least one Plan Neutral Physician must find, under the standard of Section 3.1(e), that (1) the Player has become totally disabled to the extent that he is substantially unable to engage in any occupation or employment for remuneration or profit, excluding any disability suffered while in the military service of any country, and (2) such condition is permanent. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive Plan T&P benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.
- (e) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that (1) the Player has become totally disabled to the extent that he is substantially prevented from or substantially unable to engage in any occupation or employment for remuneration or profit, but expressly excluding any disability suffered while in the military service of any country, and (2) that such condition is permanent. The following rules will apply:

**CS-00704**

(1) The educational level and prior training of a Player will not be considered in determining whether such Player is "unable to engage in any occupation or employment for remuneration or profit."

(2) A Player will not be considered to be able to engage in any occupation or employment for remuneration or profit within the meaning of this Section 3.1 merely because such person is employed by the League or an Employer, manages personal or family investments, is employed by or associated with a charitable organization, is employed out of benevolence, or receives up to \$30,000 per year in earned income.

(3) A disability will be deemed to be "permanent" if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period.

(f) The Player satisfies all other applicable requirements of this Article 3.

\* \* \* \*

**3.3 Application Rules and Procedures.** In addition to the requirements of Article 7 and Section 13.14 (claims procedures), Players must comply with the rules and procedures of this Section 3.3 in connection with an application for Plan T&P benefits.

(a) Medical Records and Evaluations.

A Player applying for Plan T&P benefits under the General Standard of Section 3.1 on and after October 1, 2020 must submit Medical Records with his application. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his application. The Player's application will not be complete, and will not be processed, until the Plan receives Medical Records. The Player's application will be denied if he does not submit any Medical Records within the 45 day period. If such a Player's application is denied by the Disability Initial Claims Committee because the Player failed or refused to submit Medical Records, and the Player appeals that determination, he must submit Medical Record with his appeal. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his appeal. The Player's appeal will not be complete, and will not be processed, until the Plan receives Medical Records. Any such Player in this situation who does not submit any Medical Records within the 45 day period will not be entitled to Plan T&P benefits, and his appeal will be denied. This paragraph does not apply to applications received prior to October 1, 2020.

Whenever the Disability Initial Claims Committee or the Disability Board reviews the application or appeal of any Player for Plan T&P benefits under Section 3.1 or Section 3.2, such Player may first be required to submit to an examination scheduled by the Plan with a Neutral Physician or physicians, or institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any Player refusing to submit to any examination required by the Plan will not be entitled to Plan T&P benefits. If a Player fails to attend an examination scheduled by the Plan, his application for Plan T&P benefits will be denied, unless the Player provided at least two business days' advance notice to the Plan that he was unable to attend. The Plan will reschedule the Player's exam if two business days' advance notice is provided. The Player's application for Plan T&P benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive a failure to attend if they find that circumstances beyond the Player's control precluded the Player's attendance at the examination.

A Player or his representative may submit to the Plan additional Medical Records or other materials for consideration by a Neutral Physician, institution, or medical professional, except that any such materials received by the Plan less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a Neutral Physician, institution, or medical professional.

(b) Requests for Information. Whenever the Disability Initial Claims Committee or the Disability Board reviews the application or appeal of any Player, or the eligibility of any Player to continue receiving Plan T&P benefits, such Player may be required to provide any additional documents or information that, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to decide the Player's application, appeal, or eligibility to continue receiving Plan T&P benefits. Any Player refusing or failing to provide the requested documents or information will not be entitled to Plan T&P benefits.

\* \* \* \*

**3.4 Classification.** Each Player who is determined to be eligible for Plan T&P benefits in accordance with Section 3.1 or 3.2 will be awarded benefits in one of the four categories below.

(a) Active Football. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) his disability(ies) arises out of League football activities while he is an Active Player, and causes him to be totally and permanently disabled, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within 18 months after he ceases to be an Active Player.

(b) Active Nonfootball. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) his disability(ies) does not arise out of League football activities but does arise while he is an Active Player, and causes him to be totally and permanently disabled, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within 18 months after he ceases to be an Active Player.

(c) Inactive A. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) the Player does not qualify for benefits in categories (a) or (b) above, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within fifteen (15) years after the end of his last Credited Season. This category does not require that the disability arise out of League football activities.

(d) Inactive B. All Players who are determined to be eligible for Plan T&P benefits in accordance with Section 3.1 or 3.2 but who do not qualify for such benefits in categories (a), (b), or (c) above will be awarded Plan T&P benefits in this category. This category does not require that the disability arise out of League football activities.

(e) "Arising out of League football activities" means:

(1) a disablement arising out of any League pre-season, regular-season, or post-season game, or any combination thereof, or out of League football activity supervised by an Employer, including all required or directed activities. "Arising out of League football activities" does not include, without limitation, any disablement resulting from other employment, or athletic activity for recreational purposes, nor does it include a disablement that would not qualify for benefits but for an injury (or injuries) or illness that arises out of other than League football activities; or

(2) notwithstanding anything to the contrary in Section 3.4(e)(1), "arising out of League Football Activities" includes an Active Player's positive diagnosis for coronavirus or his illness resulting from or related to coronavirus in the 2020 and 2021 Plan Years only, such that it satisfies Section 9 of the amendment to the 2020 CBA, dated August 3, 2020, entitled "COVID-19 Related Operational Adjustments."

\* \* \* \*

**CS-00707**

### 3.5 Special Rules.

(a) Substance Abuse. Sections 3.4(a), 3.4(b), and 3.4(c) will not apply to a total and permanent disability caused by the use of, addiction to, or dependence upon (1) any controlled substance (as defined in 21 U.S.C. § 802(6)), unless the requirements of those sections are otherwise met and (i) such use of, addiction to, or dependence upon results from the substantially continuous use of a controlled substance that was prescribed for League football activities or for an injury (or injuries) or illness arising out of League football activities of the applicant while he was an Active Player, and (ii) an application for Plan T&P benefits is received based on such use of, addiction to, or dependence upon a controlled substance no later than eight years after the end of the Player's last Credited Season; (2) alcohol; or (3) illegal drugs. For purposes of this section, the term "illegal drugs" includes all drugs and substances (other than alcohol and controlled substances, as defined above) used or taken in violation of law or League policy.

(b) Psychological/Psychiatric Disorders. A payment for total and permanent disability as a result of a psychological/psychiatric disorder may only be made, and will only be awarded, for benefits under the provisions of Section 3.4(b), Section 3.4(c), or Section 3.4(d), except that a total and permanent disability as a result of a psychological/psychiatric disorder may be awarded under the provisions of Section 3.4(a) if the requirements for a total and permanent disability are otherwise met and the psychological/psychiatric disorder either (1) is caused by or relates to a head injury (or injuries) sustained by a Player arising out of League football activities (e.g., repetitive concussions); (2) is caused by or relates to the use of a substance prescribed by a licensed physician for an injury (or injuries) or illness sustained by a Player arising out of League football activities; or (3) is caused by an injury (or injuries) or illness that qualified the Player for Plan T&P benefits under Section 3.4(a).

\* \* \* \*

**3.10 Effective Date of Plan T&P Benefits.** Plan T&P benefits will be paid retroactive to the first day of the month that is two months prior to the date an application for Plan T&P benefits was received by the Plan.

\* \* \* \*

**5.1 Eligibility.** Effective January 1, 2015, a Player will receive monthly line-of-duty disability benefits from this Plan in the amount described in Section 5.2 if and only if all of the conditions in (a), (b), (c), (d), and (e) below are met:

(a) The Player is not an Active Player.

**CS-00708**

(b) At least one Plan neutral physician selected pursuant to Section 5.4(b) below must find that the Player incurred a “substantial disablement” (as defined in Section 5.5(a) and (b)) “arising out of League football activities” (as defined in Section 5.5(c)). If no Plan neutral physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive line-of-duty disability benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(c) After reviewing the report(s) of the Plan neutral physician(s) selected pursuant to Section 5.4(b) below, along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that the Player incurred a “substantial disablement” (as defined in Section 5.5(a) and (b)) “arising out of League football activities” (as defined in Section 5.5(c)).

(d) The Player satisfies the other requirements of this Article 5 or Article 6 of the Bert Bell/Pete Rozelle Plan, as appropriate.

(e) The Player is not receiving line-of-duty disability benefits from the Bert Bell/Pete Rozelle Plan pursuant to Article 6 of that plan.

\* \* \* \*

#### **5.4 Procedures.**

(b) Medical Evaluations. Whenever the Disability Initial Claims Committee or Disability Board reviews the application or appeal of any Player for line-of-duty benefits, such Player may first be required to submit to an examination scheduled by the Plan with a neutral physician, or any other physician or physicians, institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board, and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any person refusing to submit to any examination will not be entitled to any line-of-duty disability benefits under this Article. If a Player fails to attend an examination scheduled by the Plan, his application for line-of-duty disability benefits will be denied, unless the Player provided at least two business days advance notice to the NFL Player Benefits Office that he was unable to attend. The Plan will reschedule the Player’s exam if two business days’ advance notice is provided. The Player’s application for line-of-duty disability benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive the rule in the prior sentence if circumstances beyond the Player’s control preclude the Player’s attendance at the examination.

A Player or his representative may submit to the NFL Player Benefits Office medical records or other materials for consideration by a neutral physician, institution, or medical professional, except that any such materials received by the NFL Player Benefits Office less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a neutral physician, institution, or medical professional.

\* \* \* \*

### **5.5 Definitions.**

- (a) A “substantial disablement” is a “permanent” disability that:
- (1) Results in a 50% or greater loss of speech or sight; or
  - (2) Results in a 55% or greater loss of hearing; or
  - (3) Is the primary or contributory cause of the surgical removal or major functional impairment of a vital bodily organ or part of the central nervous system; or
  - (4) For orthopedic impairments,  
  
(B) With respect to applications received on or after January 1, 2015, [a “substantial disablement” is one that] is rated at least 10 points, using the Point System set forth in Appendix A, Version 2 to this Plan. Surgeries, injuries, treatments, and medical procedures that occur after a Player’s application deadline in Section 5.4(a) will not receive points and will be disregarded by the Committee and Board.

\* \* \* \*

The introduction to **Appendix A, Version 2** provides this overview of the **Point System** referenced in Section 5.5(a)(4)(B):

This Point System for Orthopedic Impairments (“Point System”) is used to determine whether a Player has a “substantial disablement” within the meaning of Plan Section 5.5(a)(4)(B). The Point System assigns points to each orthopedic impairment recognized under the Plan. A Player is awarded the indicated number of points for each occurrence of each listed orthopedic impairment, but only where the Player’s orthopedic impairment arose out of League football activities, and the impairment has persisted or is expected to persist for at least 12 months from the date of its occurrence, excluding any reasonably possible recovery period.

A Player is awarded points only if his orthopedic impairment is documented according to the following rules:

1. A Player is awarded points for documented surgeries, injuries, and degenerative joint disease only if they are related to League football activities.
2. A Player is awarded points for a surgical procedure if the record includes an operative report for the qualifying procedure or if NFL Club records document the procedure. Surgical procedures reported through third party evaluations, such as independent medical examinations for workers' compensation, should not be used unless corroborating evidence is available to confirm the procedure and its relationship to League football activities.
3. Points are awarded for symptomatic soft tissue injuries where the injury is documented and there are appropriate, consistent clinical findings that are symptomatic on the day of exam. For example, AC joint injuries must be documented in medical records and be symptomatic on examination, with appropriate physical findings, to award points.
4. If an injury or surgery is not listed in the Point System, no points should be awarded.
5. Medical records, medical history, and the physical examination must correlate before points can be awarded.
6. If a lateral clavicle resection is given points, additional points cannot be awarded if the AC joint is still symptomatic, such as with AC joint inflammation or shoulder instability.
7. Moderate or greater degenerative changes must be seen on x-ray to award points (i.e., MRI findings do not count).
8. Players must have moderate or greater loss of function that significantly impacts activities of daily living, or ADLs, to get points.
9. Cervical and lumbosacral spine injuries must have a documented relationship to League football activities, with appropriate x-ray findings, MRI findings, and/or EMG findings to be rated.
10. In cases where an injury is treated surgically, points are awarded for the surgical treatment/repair only, and not the injury preceding the surgical treatment/repair. For example, a Player may receive points for "S/P Pectoralis Major Tendon Repair," and if so he will not receive additional points for the "Pectoralis Major Tendon Tear" that led to the surgery.
11. As indicated in the Point System Impairment Tables, some injuries must be symptomatic on examination to merit an award of points under the Point System.

CS-00711

12. To award points for a subsequent procedure on the same joint/body part, the Player must recover from the first procedure and a new injury must occur to warrant the subsequent procedure. Otherwise, a revise/redo of a failed procedure would be the appropriate impairment rating.

13. Hardware removal is not considered a revise/redo of a failed surgery, and points are not awarded for hardware removal.

14. Multiple impairment ratings may be given related to a procedure on the same date, i.e., partial lateral meniscectomy and microfracture or chondral resurfacing.

15. When an ankle ORIF with soft tissue occurs, there should be no additional points for syndesmosis repair or deltoid ligament repair.

Appendix A, Version 2 then includes comprehensive “**Point System Impairment Tables**,” which assign Point System values to each orthopedic impairment recognized under the Plan. Your total “points” are the sum of those assigned for your recognized orthopedic impairments.

The Point System for Orthopedic Impairments is online at [nflplayerbenefits.com](http://nflplayerbenefits.com). The NFL Player Benefits Office will furnish a full copy of it upon your request.

\* \* \* \*

**6.1 Eligibility.** For applications received before April 1, 2020, a Player will receive a monthly neurocognitive disability benefit (“NC Benefit”) in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (a), (b), (c), (d), (e), (f), (g), (h), and (i) below are met.

Effective for applications received on and after April 1, 2020 and through March 31, 2021, the requirements of (a) and (b) will not apply, and a Player will receive an NC Benefit in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (c), (d), (e), (f), (g), (h), (i), (j), and (m) below are met.

Effective for applications received on and after April 1, 2021, the requirements of (a) and (b) will not apply, and a Player will receive an NC Benefit in the amount described in Section 6.4 for the months described in Section 6.6 if and only if all of the conditions in (c), (d), (e), (f), (g), (h), (i), (j), (k), (l), and (m) below are met.

(a) The Player must be a Vested Inactive Player based on his Credited Seasons only, and must be under age 55.

(b) The Player must have at least one Credited Season under the Bert Bell/Pete Rozelle Plan after 1994.

(c) The Player must not receive monthly retirement benefits under Articles 4 or 4A of the Bert Bell/Pete Rozelle Plan or be a Pension Expansion Player within the meaning of the Bert Bell/Pete Rozelle Plan.

(d) The Player must not be receiving T&P benefits under this Plan or the Bert Bell/Pete Rozelle Plan.

(e) At least one Plan Neutral Physician must find that the Player has a mild or moderate neurocognitive impairment in accordance with Section 6.2. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive NC Benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(f) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that the Player has a mild or moderate neurocognitive impairment in accordance with Section 6.2.

(g) The Player must execute the release described in Section 6.3.

(h) The Player must not have a pending application for T&P benefits or for line-of-duty disability benefits under this Plan or the Bert Bell/Pete Rozelle Plan, except that a Player can file a claim for the NC Benefit simultaneously with either or both of those benefits.

(i) The Player must satisfy the other requirements of this Article 6.

(j) The Player must not have previously received the NC Benefit and had those benefits terminate at age 55 before April 1, 2020 by virtue of earlier versions of this Plan.

(k) If the Player is not a Vested Inactive Player, his application for the NC Benefit must be received by the Plan within eighty-four (84) months after the end of his last contract with a Club under which he is a Player, as defined under Section 1.35 of the Bert Bell/Pete Rozelle Plan, for at least one Game, as defined under Section 1.17 of the Bert Bell/Pete Rozelle Plan.

(l) The Player must be under age 65.

(m) For applications received on and after October 1, 2020, the Player must submit Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 6.2(d). This paragraph (m) does not apply to applications received prior to October 1, 2020.

\* \* \* \*

## 6.2 Determination of Neurocognitive Impairment.

(a) Mild Impairment. A Player eligible for benefits under this Article 6 will be deemed to have a mild neurocognitive impairment if he has a mild objective impairment in one or more domains of neurocognitive functioning which reflect acquired brain dysfunction, but not severe enough to interfere with his ability to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

(b) Moderate Impairment. A Player eligible for benefits under this Article 6 will be deemed to have a moderate neurocognitive impairment if he has a mild-moderate objective impairment in two or more domains of neurocognitive functioning which reflect acquired brain dysfunction and which may require use of compensatory strategies and/or accommodations in order to independently perform complex activities of daily living or to engage in any occupation for remuneration or profit.

(d) Medical Records and Evaluations. A Player applying for NC Benefits on and after October 1, 2020 must submit Medical Records with his application. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his application. The Player's application will not be complete, and will not be processed, until the Plan receives Medical Records. The Player's application will be denied if he does not submit any Medical Records within the 45 day period. If such a Player's application is denied by the Disability Initial Claims Committee because the Player failed or refused to submit Medical Records, and the Player appeals that determination, he must submit Medical Record with his appeal. A Player who does not do so will be given 45 days to submit Medical Records and thereby complete his appeal. The Player's appeal will not be complete, and will not be processed, until the Plan receives Medical Records. Any such Player in this situation who does not submit any Medical Records within the 45 day period will not be entitled to NC Benefits, and his appeal will be denied.

Whenever the Disability Initial Claims Committee or Disability Board reviews the application or appeal of any Player for NC Benefits, such Player will first be required to submit to an examination scheduled by the Plan with a Neutral Physician, or any other physician or physicians, institution or institutions, or other medical professional or professionals, selected by the Disability Initial Claims Committee or the Disability Board, and may be required to submit to such further examinations scheduled by the Plan as, in the opinion of the Disability Initial Claims Committee or the Disability Board, are necessary to make an adequate determination respecting his physical or mental condition.

Any Player refusing to submit to any examination required by the Plan will not be entitled to NC Benefits. If a Player fails to attend an examination scheduled by the Plan, his application for NC Benefits will be denied, unless the Player provided at least two business days' advance notice to the Plan that he was unable to attend.

The Plan will reschedule the Player's exam if two business days' advance notice is provided. The Player's application for NC Benefits will be denied if he fails to attend the rescheduled exam, even if advance notice is provided. The Disability Initial Claims Committee or the Disability Board, as applicable, may waive a failure to attend if they find that circumstances beyond the Player's control precluded the Player's attendance at the examination.

A Player or his representative may submit to the Plan additional medical records or other materials for consideration by a Neutral Physician, institution, or medical professional, except that any such materials received by the Plan less than 10 days prior to the date of the examination, other than radiographic tests, will not be considered by a Neutral Physician, institution, or medical professional.

(e) Validity Testing. A Player who is otherwise eligible for benefits under this Article 6 and who is referred for neuropsychological testing will undergo, among other testing, two validity tests. A Player who fails both validity tests will not be eligible for the NC Benefit. A Player who fails one validity test may be eligible for the NC Benefit, but only if the neuropsychologist provides an explanation satisfactory to the Disability Board or the Disability Initial Claims Committee (as applicable) for why the Player should receive the NC Benefit despite the failed validity test.

\* \* \* \*

#### **13.14 Claims Procedure.**

It is intended that the claims procedure of this Plan be administered in accordance with the claims procedure regulations of the U.S. Department of Labor, 29 C.F.R. Section 2560.503-1.

(a) Claims Received After April 1, 2018. Except for Article 4 T&P benefits, each person must claim any disability benefits to which he believes he is entitled under this Plan by filing a written application with the Disability Board in accordance with the claims filing procedures established by the Disability Board, and such claimant must take such actions as the Disability Board or the Disability Initial Claims Committee may require. The Disability Board or the Disability Initial Claims Committee will notify such claimants when additional information is required. The time periods for decisions of the Disability Initial Claims Committee and the Disability Board in making an initial determination may be extended with the consent of the claimant.

A claimant's representative may act on behalf of a claimant in pursuing a claim for disability benefits or appeal of an adverse disability benefit determination only after the claimant submits to the Plan a signed written authorization identifying the representative by name. The Disability Board will not recognize a claimant's representative who has been convicted of, or pled guilty or no contest to, a felony.

If a claim for disability benefits is wholly or partially denied, the Disability Initial Claims Committee will give the claimant notice of its adverse determination within a reasonable time, but not later than 45 days after receipt of the claim. This determination period may be extended twice by 30 days if, prior to the expiration of the period, the Disability Initial Claims Committee determines that such an extension is necessary due to matters beyond the control of the Plan and notifies the claimant of the circumstances requiring the extension of time and the date by which the Disability Initial Claims Committee expects to render a decision. If any extension is necessary, the notice of extension will specifically explain the standards on which entitlement to a benefit is based, the unresolved issues that prevent a decision on the claim, and the additional information needed to resolve those issues. The claimant will be afforded at least 45 days within which to provide the specified information. If the Disability Initial Claims Committee fails to notify the claimant of its decision to grant or deny such claim within the time specified by this paragraph, the claimant may deem such claim to have been denied by the Disability Initial Claims Committee and the review procedures described below will become available to the claimant.

The notice of an adverse determination will be written in a manner calculated to be understood by the claimant, will follow the rules of 29 C.F.R. 2560.503-1(o) for culturally and linguistically appropriate notices, and will set forth the following:

- (1) the specific reason(s) for the adverse determination;
- (2) reference to the specific Plan provisions on which the adverse determination is based;
- (3) a description of additional material or information, if any, needed to perfect the claim and the reasons such material or information is necessary;
- (4) a description of the Plan's claims review procedures and the time limits applicable to such procedures, including a statement of the claimant's right to bring a civil action under ERISA Section 502(a) following an adverse determination on review;
- (5) any internal rule, guideline, protocol, or other similar criterion relied on in making the determination (or state that such rules, guidelines, protocols, standards, or other similar criteria do not exist);
- (6) if the determination was based on a scientific or clinical exclusion or limit, an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's circumstances (or state that such explanation is available free of charge upon request);

(7) a discussion of the decision, including an explanation of the basis for disagreeing with or not following the views of (a) medical professionals treating the claimant and vocational professionals who evaluated the claimant presented by the claimant, (b) medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination, or (c) Social Security Administration disability determinations presented by the claimant to the Plan; and

(8) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits.

The claimant will have 180 days from the receipt of an adverse determination to file a written request for review of the initial decision to the Disability Board.

The claimant will have the opportunity to submit written comments, documents, and other information in support of the request for review and will have access to relevant documents, records, and other information in his administrative record. The Disability Board's review of the adverse determination will take into account all available information, regardless of whether that information was presented or available to the Disability Initial Claims Committee. The Disability Board will accord no deference to the determination of the Disability Initial Claims Committee.

On review, the claimant must present all issues, arguments, or evidence supporting the claim for benefits. Failure to do so will preclude the claimant from raising those issues, arguments, or evidence in any subsequent administrative or judicial proceedings.

If a claim involves a medical judgment question, the health care professional who is consulted on review will not be the individual who was consulted during the initial determination or his subordinate, if applicable. Upon request, the Disability Board will provide for the identification of the medical experts whose advice was obtained on behalf of the Plan in connection with the adverse determination, without regard to whether the advice was relied upon in making the benefit determination.

The claimant will receive, free of charge, any new or additional evidence considered, relied upon, or generated by or on behalf of the Plan on review, as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided, so that the claimant can have a reasonable opportunity to respond prior to that date. The claimant also will receive, free of charge, any new or additional rationale for the denial of the claim that arises during the review, as soon as possible and sufficiently in advance of the date on which the notice of adverse benefit determination on review is required to be provided, so that the claimant can have a reasonable opportunity to respond prior to that date.

The Disability Board meets quarterly. Decisions by the Disability Board on review will be made no later than the date of the Disability Board meeting that immediately follows the Plan's receipt of the claimant's request for review, unless the request for review is received by the Plan within 30 days preceding the date of such meeting. In such case, the Disability Board's decision may be made by no later than the second meeting of the Disability Board following the Plan's receipt of the request for review. If a claimant submits a response to new or additional evidence considered, relied upon, or generated by the Plan on review, or to any new or additional rationale for denial that arises during review, and that response is received by the Plan within 30 days preceding the meeting at which the Disability Board will consider the claimant's request for review, then the Disability Board's decision may be made by no later than the second meeting of the Disability Board following the Plan's receipt of the claimant's response. If special circumstances require an extension of time for processing, the Disability Board will notify the claimant in writing of the extension, describing the special circumstances and the date as of which the determination will be made, prior to the commencement of the extension.

The claimant will be notified of the results of the review not later than five days after the determination.

If the claim is denied in whole or in part on review, the notice of an adverse determination will be written in a manner calculated to be understood by the claimant, will follow the rules of 29 C.F.R. 2560.503-1(o) for culturally and linguistically appropriate notices, and will:

- (1) state the specific reason(s) for the adverse determination;
- (2) reference the specific Plan provision(s) on which the adverse determination is based;
- (3) state that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- (4) state that the claimant has the right to bring an action under ERISA Section 502(a) and identify the statute of limitations applicable to such action, including the calendar date on which the limitations period expires;
- (5) disclose any internal rule, guidelines, or protocol relied on in making the determination (or state that such rules, guidelines, protocols, standards, or other similar criteria do not exist);

(6) if the determination was based on a scientific or clinical exclusion or limit, contain an explanation of the scientific or clinical judgment for the determination, applying the terms of the Plan to the claimant's circumstances (or state that such explanation is available free of charge upon request); and

(7) discuss the decision, including an explanation of the basis for disagreeing with or not following the views of (a) medical professionals treating the claimant and vocational professionals who evaluated the claimant presented by the claimant, (b) medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the claimant's adverse benefit determination, without regard to whether the advice was relied upon in making the benefit determination, or (c) Social Security Administration disability determinations presented by the claimant to the Plan.

A claimant may request a written explanation of any alleged violation of these claims procedures. Any such request should be submitted to the plan in writing; it must state with specificity the alleged procedural violations at issue; and it must be received by the Plan no more than 45 days following the claimant's receipt of a decision on the pending application or appeal, as applicable. The Plan will provide an explanation within 10 days of the request.

**CS-00719**

2021

- Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
    - Give Form W-4 to your employer.
    - Your withholding is subject to review by the IRS.

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	<p>(c) <input type="checkbox"/> Single or Married filing separately  <input type="checkbox"/> Married filing jointly or Qualifying widow(er)  <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)</p>		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

<b>Step 2: Multiple Jobs or Spouse Works</b>	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.  Do <b>only one</b> of the following.  (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for most accurate withholding for this step (and Steps 3–4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ► <input type="checkbox"/>
<b>TIP:</b> To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.	

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
<b>Claim Dependents</b>	Multiply the number of qualifying children under age 17 by \$2,000 ► \$ _____		
	Multiply the number of other dependents by \$500 . . . ► \$ _____		
	Add the amounts above and enter the total here . . . . .	3	\$
<b>Step 4 (optional):</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	4(a)	\$
<b>Other Adjustments</b>	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	4(b)	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(c)	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)	Date	
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

 **Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)**

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . .

1 \$ \_\_\_\_\_

- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

- a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . .

2a \$ \_\_\_\_\_

- b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . .

2b \$ \_\_\_\_\_

- c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . .

2c \$ \_\_\_\_\_

- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . .

3 \_\_\_\_\_

- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . .

4 \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet (Keep for your records.)**

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income . . . . .

1 \$ \_\_\_\_\_

- 2** Enter: { • \$25,100 if you're married filing jointly or qualifying widow(er)  
• \$18,800 if you're head of household  
• \$12,550 if you're single or married filing separately } . . . . .

2 \$ \_\_\_\_\_

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .

3 \$ \_\_\_\_\_

- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .

4 \$ \_\_\_\_\_

- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . .

5 \$ \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

CS-00722

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870	
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,300	3,300	4,070	4,070	
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,160	4,160	5,160	5,930	5,930	
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	22,270	
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

**CS-00723**

# Direct Deposit Request

## What to submit

- Page 2, marked with the "Send This Page" label shown on the right



## Ways to submit this application

MAIL	FAX	EMAIL
NFL PLAYER BENEFITS OFFICE 200 SAINT PAUL ST STE 2420 BALTIMORE MD 21202-2008	410.783.0041	benefits@nflpb.org

**Payee's information - All fields are required**

Name (first, middle, last)

Social Security Number

Bank Name

Account type:

 Checking    Savings

Bank Routing Number

Bank Account Number

 **This change will be applied to all of your active paying groups unless otherwise instructed.**

If you want this change applied only to a specific benefit, please contact the NFL Player Benefits Office at 800.638.3186.

**Acknowledgement and Agreement**

I authorize and direct BNY Mellon to deposit future payments as they come due using electronic funds transfer to my account at the above noted financial institution.

I agree and acknowledge the following:

1. Any payments made after my death, or paid in error while alive, are trust funds to be held in trust, for the benefit of the Plan and must be returned to the Plan.
2. I must notify the NFL Player Benefits Office of any change in the above account information.
3. I may revoke or modify these instructions in writing at any time, to be effective upon receipt of the same by the NFL Player Benefits Office.

Signature

Date completed

## Meghan Pieklo

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**From:** Sam Vincent  
**Sent:** Wednesday, December 8, 2021 10:31 AM  
**To:** Meghan Pieklo  
**Subject:** FW: Charles Sims - Appeal of T & P Classification  
**Attachments:** Exhibit A.pdf; Exhibit B.pdf; Exhibit C.pdf; Charles Sims Classification Appeal.pdf

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**From:** Samuel Katz <[samkatz@athlawllp.com](mailto:samkatz@athlawllp.com)>  
**Sent:** Wednesday, December 8, 2021 1:25 AM  
**To:** Stephanie Torlina <[storlina@nflpb.org](mailto:storlina@nflpb.org)>  
**Cc:** disability <[disability@nflpb.org](mailto:disability@nflpb.org)>  
**Subject:** Charles Sims - Appeal of T & P Classification

Hi Stephanie!

I hope you are doing well, as always!

Respectfully, ATTACHED, please find Mr. Charles Sims' appeal of the classification of his T & P benefit award as well as additional NFL documented evidence of his psychiatric impairments while an Active Player.

Thank you!

Best,  
Sam

---

## Samuel Katz, Esq.



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**Sports Law - ERISA, Labor, & Trust Law**

**USC, Gould School Of Law**  
**Juris Doctor**



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# ATHLAW LLP

December 7, 2021

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NFL DISABILITY BOARD  
NFL Player Disability & Neurocognitive Benefit Plan  
200 Saint Paul St., Ste. 2420  
Baltimore, MD 21202

**RE: CHARLES SIMS' APPEAL FOR ACTIVE FOOTBALL TOTAL & PERMANENT DISABILITY BENEFITS**

Dear NFL Disability Board:

Respectfully, Mr. Charles Sims meets every requirement for Active Football Total & Permanent Disability Benefits ("T&P") because a Board-hired physician found that he: (i) qualifies for Total and Permanent Disability benefits, (ii) the impairments for which he was found Totally and Permanently disabled arose out of League Football activities, (iii) while he was an Active Player, (vi) causing him to be Totally and Permanently disabled, (v) his application was received by the Plan within 18 months from the date he ceased to be an Active Player, and (vi) **"One member of the Committee [correctly and reasonably] determined that the Active Football category is appropriate in your case because you satisfy the requirements for that category set out in Plan Section 3.4(a)."**

Mr. Sims deserves Active Football benefits because (1) this "member of the Committee [correctly and reasonably] determined that the Active Football category is appropriate in your case because you satisfy the requirements for that category set out in Plan Section 3.4(a)", (2) additionally and alternatively, Mr. Sims established that he meets Plan Section 3.4(a) due to the T&P disabling overall impact or cumulative effect of all of his impairments, and (3) additionally and alternatively, Mr. Sims meets the Plan's requirements for Active Football due to his psychiatric impairments for which he was found T&P by the Board's own hired psychiatrist, while

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also satisfying at least two of the exceptions listed under Plan Section 3.5(b). Each of these deserved paths to an award of Active Football T&P are detailed herein, supported by the statements of the Committee within their Initial Decision, the documents within Mr. Sims' record, and the findings of the Board-hired physician. Thus, the Board should reasonably determine that Mr. Sims should be awarded Total & Permanent Disability Benefits under the Active Football category.

Even if half of the Board were to once again decide that Mr. Sims is not entitled to Active Football, **at a minimum**, Mr. Sims deserves Active Non-Football because the second Committee member

found that there was insufficient evidence to conclude that your psychiatric impairments first arose while you were an Active Player, as required for Active Nonfootball benefits under Section 3.4(b). In reaching this conclusion, this Committee member found that the evidence did not show that your psychiatric condition(s) began during your NFL career. Id.

However, on Appeal Mr. Sims submits indisputable, contemporaneous, Club documented "**evidence [that] did ... show that [his] psychiatric condition(s) began during [his] NFL career.**"

<b>Patient Name:</b>	Sims, Charles	
<b>Injury/Illness</b>	Not applicable Psychological/Anxiety Reaction	
<b>Injury/Illness Date:</b>	09/14/2016 12:15 AM	
<b>Description:</b>	Not applicable	
<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	508110	Psychological/Anxiety Reaction
<b>508110 Psychological/Anxiety Reaction</b>		
<b>Rx:</b>	<ul style="list-style-type: none"><li>○ Start Lorazepam 0.5 MG Tablet 1 tablet as needed Orally as directed , Dispense: 10 Refills: 1 (Start Date: 09/14/2016)Notes: Benzer Pharmacy Rx# 114969Source: Ramirez,Arnold</li><li>○ Start Alprazolam 1 MG Tablet 1 tablet Orally Once a day , for 30 days , Dispense: 30 Tablet Refills: 0 (Start Date: 09/24/2016)Notes: Benzer Pharmacy Rx#115382Source: Ramirez,Arnold</li><li>○ Start Alprazolam 1 MG Tablet 1 tablet Orally Once a day as needed , for 30 days , Dispense: 30 Refills: 0 (Start Date: 10/01/2016)Notes: Benzer Pharmacy Rx# 115715Source: Ramirez,Arnold</li></ul>	
<b>Orders:</b>		

**2016-09-21**

<b>Notes:</b>	<b>User</b>	<b>Detailed Note</b>
Slater, Charles started having an episode today and requested his medicine. Bobby He also spoke with Dr. Joe Carella. Continue to monitor.		

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## STATEMENT OF FACTS

Mr. Charles Sims submitted his initial application and supporting materials for T&P on May 5, 2020, “within 18 months of when [he] ceased to be an Active Player.” T&P Award Letter Dated June 11, 2021. Mr. Sims was then scheduled to see four NFL Disability Board (“Board”) commissioned physicians during the months of March and April 2021 and Board-hired physician, Dr. John Rabun concluded that Mr. Sims is T&P disabled according to the plain terms of the NFL Player Disability & Neurocognitive Benefit Plan (“the Plan”): “[b]y report dated April 26, 2021, Dr. Rabun found that [Mr. Sims’] psychiatric impairments render [him] totally and permanently disabled.” Id; Dr. John Rabun’s Physician’s Report Form and Narrative Dated April 26, 2021. In concluding that Mr. Sims is T&P disabled, Dr. Rabun explained:

*Disability Opinion:* It is my opinion with reasonable medical certainty Mr. Sims is totally and permanently disabled to such an extent he is substantially unable to engage in any occupation for remuneration or profit. My disability opinion is based upon the following evidence:

- 1) Mr. Sims’ panic attacks and resulting Agoraphobia presently interfere substantially with his capacity to interact in public settings. As his wife pointed out, he has become a “recluse.” He therefore would be unable to be employed in a job requiring him to leave home and attend a work site where he must engage with other employees, supervisors, and consumers.
- 2) Mr. Sims’ depression also impairs his capacity to be employed. Given the changes in the work environment caused by COVID, many people are working virtually from home. In Mr. Sims’ case, his depression would also impair his capacity to be virtually employed. He indicated, and his wife emphasized he is unable to interact with anyone for an extended period of time because he becomes increasingly irritated and angry. As an example, his wife pointed out he was “set off,” meaning he became angry when his near 2 year old nephew merely greeted him with one word. She further reported following the onset of his depression he started demanding silence at home, refusing to turn on even the TV or radio due to his irritation with any noise.
- 3) I noted in my evaluation Mr. Sims lacks the capacity to meaningfully interact in social interactions. His paucity of speech, soft tone of voice, withdrawn and negative demeanor, and lack of psychomotor activity, all flowing from his depression, would substantially interfere with his ability to deal with people in a work setting, either in person or virtually.

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Accordingly, I opine with reasonable medical certainty Mr. Sims is totally and permanently disabled to such an extent he is substantially unable to engage in any occupation for remuneration or profit.

Dr. John Rabun's Physician's Report Form and Narrative Dated April 26, 2021.

Moreover, in determining the onset of Mr. Sims' "Major Depressive Disorder, Recurrent Moderate, Panic Disorder, and Agoraphobia," Dr. Rabun noted from his examination that Mr. Sims "would experience head collisions in every game causing several seconds where he would see movement in slow motion and have temporary numbness in his right arm." *Id.* Moreover, Dr. Rabun reported that Mr. Sims' panic attacks and depression began in 2016 and 2018 - **while an Active Player.**

**PAST PSYCHIATRIC HISTORY:**

	YES	NO	Dates/Circumstances:
Did the player ever have a previous episode of Depression, Mania, Anxiety, Psychosis	✓		<i>starting 2016 - panic attacks starting 2018 - depression</i>

*Id.* Furthermore, Dr. Rabun reported that "in 2016 his wife made him an appointment with a primary care physician because he was having 'palpitations of [his] heart.' He remembered the primary care physician said he was not having heart issues but was instead experiencing panic attacks." *Id.* Additionally, "in 2016 he started experiencing panic attacks. He said his anxiety and panic attacks were partly because, 'The everyday life of a player is stressful, it is mental and physical stress everyday, it is hard to handle.' He reported initially he thought he was having a 'heart attack' but the primary care physician he saw diagnosed panic attacks." *Id.* Most notably, Dr. Rabun further added that "**his panic attacks have led to depression.**" *Id* (emphasis added). Moreover, Dr. Rabun corroborated the onset of Mr. Sims' psychiatric disabilities with his wife:

She reported beginning in 2016 he changed substantially. She noted they were no longer able to go out to eat or to socialize because he would experience panic attacks. 'We would be driving somewhere and he would suddenly starting [*sic*] sweating and saying he couldn't make it.' She recalled they went to the emergency room on 3 occasions since he feared he was having a 'heart attack.' She added after

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the emergency room evaluations documented he did not have heart disease she scheduled an appointment for him with a primary care physician. She remembered the primary care physician agreed he did not suffer from heart disease. She informed me the physician diagnosed him with panic disorder and prescribed Zoloft and Xanax.

Id.

Furthermore, the Tampa Bay Buccaneers extensively documented the onset of Mr. Sims' psychiatric and psychological disability on at least three separate occasions between 2015 and 2016 while he was an Active Player. Tampa Bay Buccaneers Psychiatric Injury Report Dated November 11, 2015 (Exhibit A); Tampa Bay Buccaneers Psychological Injury Report Dated September 14, 2016 (Exhibit B); Tampa Bay Buccaneers Psychiatric Injury Report Dated September 29, 2016 (Exhibit C). As early as November of 2015 in only Mr. Sims' second year in the NFL, the Buccaneers diagnosed him with "performance anxiety" after he experienced "nausea, vomiting, an an uneasy stomach prior to games" while adding that "his symptoms are ... related to the gameday as he has no symptoms any other time." Tampa Bay Buccaneers Psychiatric Injury Report Dated November 11, 2015 (emphasis added). Moreover, the Buccaneers prescribed Mr. Sims with "propranolol 10 mg prior to game day." Id. Additionally, in September of 2016, the Buccaneers diagnosed Mr. Sims with:

### **"Psychological/Anxiety Reaction"**

The Club documented his diagnosis of "**Psychological/Anxiety Reaction**" after "Charles came to [Bobby Slater] and Dr. Ramirez today about how he feels he is becoming more anxious." Tampa Bay Buccaneers Psychological Injury Report Dated September 14, 2016 (emphasis added). On September 26, 2016, the Buccaneers yet again diagnosed Mr. Sims with "Anxiety" and reported that they updated his prescribed medications when they "switched his anxiolytic from lorazepam to alprazolam 1 mg." Tampa Bay Buccaneers Psychiatric Injury Report Dated September 29, 2016.

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After Dr. Rabun's evaluation of Mr. Sims, "[o]n May 17, 2021, the Committee reviewed [his] T&P application and the other materials in [his] file, including the reports of these Neutral Physicians. After reviewing [his] file and the report of Dr. Rabun, the Committee found that [he] meet the Plan's requirements for T&P benefits." T&P Award Letter Dated June 11, 2021. "The members of the Committee were deadlocked as to which category of T&P benefits [Mr. Sims is] entitled to receive" and "[b]ecause both Committee members determined that [he is] totally and permanently disabled but disagreed on the category of benefits, [he] will receive T&P benefits in the Inactive A category." Id.

One of the two Committee members ("Committee Member A") *correctly and reasonably* "**determined that the Active Football category is appropriate** in [his] case because [he] satisf[ies] the requirements for that category set out in Plan Section 3.4(a)." Id (emphasis added).

The other member of the Committee ("Committee Member B") "voted to award [Mr. Sims] the Inactive A category" after "not[ing] that Section 3.5(b) precludes an award of Active Football benefits for a psychiatric disorder unless it (1) is caused by or relates to a head injury (or injuries) sustained during League football activities (e.g., repetitive concussions); (2) is caused by or relates to the use of a substance prescribed by a licensed physician for an injury (or injuries) or illness sustained by a Player arising out of League football activities; or (3) is caused by an injury (or injuries) or illness that qualified the Player for Plan T&P benefits under Section 3.4(a)" and incorrectly "determining that the evidence in your file does not support any of the three exceptions that would permit an award of Active Football benefits." Id. Moreover, although Committee Member B:

found that there was **insufficient evidence to conclude that your psychiatric impairments first arose while you were an Active Player, as required for Active Nonfootball benefits under Section 3.4(b). In reaching this conclusion, this Committee member found that the evidence did not show that your psychiatric condition(s) began during your NFL career.** Id.

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As supported by the facts provided in the record, the overwhelming documented evidence from the Tampa Bay Buccaneers of the onset of Mr. Sims' psychiatric disabilities, the findings of the Board-selected physician, and the plain language of the Plan, the Board should reasonably agree with the conclusion of Committee Member A and find that Mr. Sims rightfully qualifies for Active Football T&P, or in the alternative, at a minimum, Active Non-football benefits.

## DISCUSSION

**MR. SIMS MEETS EVERY REQUIREMENT FOR ACTIVE FOOTBALL TOTAL & PERMANENT DISABILITY BENEFITS AS HIS DISABILITY(IES) AROSE OUT OF LEAGUE FOOTBALL ACTIVITIES WHILE HE WAS AN ACTIVE PLAYER AND CAUSED HIM TO BE TOTALLY AND PERMANENTLY DISABLED, HIS APPLICATION WAS RECEIVED BY THE PLAN WITHIN 18 MONHS AFTER HE CEASED TO BE AN ACTIVE PLAYER, AND ALTERNATIVELY, AT A MINIMUM HE DESERVES ACTIVE NONFOOTBALL**

The NFL Disability Board should reasonably grant Mr. Charles Sims T&P Disability Benefits in the Active Football category because, as the NFL's Board-hired physician and one of two Committee members accurately found, Mr. Sims' Total and Permanent disability(ies) arose out of League Football activities while he was an Active Player and caused him to be Totally and Permanently disabled.

The goal of the ERISA-regulated NFL Benefits Plan is "**to take care of eligible players as part of their compensation for investing themselves in the sport [...]**" Brumm v. Bert Bell NFL Ret. Plan, 995 F.2d 1433, 1439 (8th Cir. 1993) (emphasis added); Plan Art. 3 § 3.1; Solomon v. Bert Bell/Pete Rozelle NFL Player Ret. Plan, No. 16-1730 (4th Cir. 2017); Boyd v. Bert Bell/Pete Rozelle NFL Player Ret. Plan, 410 F.3d 1173, 1175 (9th Cir. 2005). "A primary purpose of the Plan is to provide disability benefits to qualifying NFL players and their beneficiaries." Stewart v. Bert Bell/Pete Rozelle NFL Player Ret. Plan, No. WDQ-09-2612, 2012 U.S. Dist. LEXIS 84913, at \*32 (D. Md. June 18, 2012); *see Brumm*, 995 F.2d at 1439 (8th Cir. 1993); *see*

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also 29 U.S.C. § 1001(b) (“It is hereby declared to be the policy of this chapter to protect [...] the interests of participants in employee benefit plans and their beneficiaries.”)

Pursuant to the plain language of the Plan, the Board has a fiduciary duty to make its decision “with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent man *acting in a like capacity and familiar with such matters* would use in the conduct of an enterprise of *like* character and with *like* aims.” See Plan (emphasis added); 29 U.S.C. § 1104(a)(1)(B). Additionally, Board members must act as fiduciaries rather than adversaries. Dimry v. Bell, Case No. 19-cv-05360-JSC (N.D. Cal. Sep. 15, 2020).

Under Plan Section 3.4(a), a Player is entitled to the category of “Active Football” T&P benefits if the following is met:

- (a) Active Football. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) his disability(ies) arises out of League football activities while he is an Active Player, and causes him to be totally and permanently disabled, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within 18 months after he ceases to be an Active Player.

Plan Section 3.4(c) further clarifies “Arising out of League football activities”:

- (e) “Arising out of League football activities” means a disablement arising out of any League pre-season, regular-season, or post-season game, or any combination thereof, or out of League football activity supervised by an Employer, including all required or directed activities. “Arising out of League football activities” does not include, without limitation, any disablement resulting from other employment, or athletic activity for recreational purposes, nor does it include a disablement that would not qualify for benefits but for an injury (or injuries) or illness that arises out of other than League football activities.

Moreover, Plan Section 1.1 defines “Active Player” as:

- 1.1 “Active Player”** means a Player who is obligated to perform football playing services under a contract with an Employer; provided, however, that for purposes of Article 3 only, Active Player will also include a Player who is no longer obligated to perform football playing services under a contract with an Employer up until the July 31 next following or coincident with the expiration or termination of his last contract.

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## A. Mr. Sims' Application That Resulted In An Award Of Plan T&P Benefits Was Received By The Plan Within 18 Months After He Ceased to Be An Active Player

There is no dispute from either Committee Member that Mr. Sims has met the timing requirement for Active Football T&P. See T&P Award Letter Dated June 11, 2021. The Initial Decision Letter by the Committee awarding T&P Benefits<sup>1</sup> clearly states that Mr. Sims' "application was received on May 5, 2020 (within 18 months of when [he] ceased to be an Active Player) ...." Id. Thus, he has clearly met this requirement for Active Football under Plan Section 3.4(a).

## B. Mr. Sims Deserves Active Football T&P Due to His T&P Disabling Psychiatric Disorders Because He Meets At Least One of the Three Available Exceptions for An Award of Active Football Benefits for Psychiatric Disorder(s) Under Plan Section 3.5(b)

Additionally, regarding T&P disability on the basis of psychiatric condition(s), Plan Section 3.5(b) may preclude an award of Active Football benefits for solely a psychiatric disorder *unless* it:

- (1) is caused by or relates to a head injury (or injuries) sustained during League football activities (e.g. repetitive concussions);
- (2) is caused by or relates to the use of a substance prescribed by a licensed physician for an injury (or injuries) or illness sustained by a Player arising out of League football activities; *or*
- (3) is caused by an injury (or injuries) or illness that qualified the Player for Plan T&P benefits under Section 3.4(a).

Id (emphasis added).

Here, Mr. Sims was found to be T&P disabled due to his "Impairment to ... Depression and anxiety" as determined by Board-hired psychiatrist John Rabun, M.D. Id; Dr. John Rabun's

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<sup>1</sup> To be clear, Mr. Sims is **not** appealing the designation that he is T&P disabled. Rather, he is **only** appealing the category designation of Inactive A T&P benefits.

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Physician's Report Form and Narrative Dated April 26, 2021. Dr. Rabun concluded that "Mr. Sims is totally and permanently disabled to such an extend he is substantially unable to engage in any occupation for remuneration or profit" due to "Mr. Sims' panic attacks and resulting Agoraphobia" and "Mr. Sims' depression." Dr. John Rabun's Physician's Report Form and Narrative Dated April 26, 2021. The cause of Mr. Sims' psychiatric disorders are discussed in Dr. Rabun's report, who relates the cause of his impairments directly to his NFL career and dating as far back as 2016, while he was an Active Player. *Id.* Accordingly, Mr. Sims meets the Plan's requirements to qualify for Active Football due to his Totally and Permanently disabling psychiatric disability(ies) under at least one of the exceptions available pursuant to Plan Section 3.5(b).

**i. Mr. Sims' Psychiatric Disability(ies) Are Caused by Injury(ies) That Qualify Him for Plan T&P benefits Under Section 3.4(a), Satisfying Plan Section 3.5(b)(2)**

Mr. Sims qualifies for Active Football T&P under the second exception of Plan Section 3.5(b). *Id.* As discussed in detail above, Mr. Sims satisfies Plan Section 3.4(a) due to his psychiatric Totally and Permanently disabling impairments discussed in Dr. Rabun's report. *Id.* Specifically, Dr. Rabun reported that Mr. Sims' panic attacks and depression began in 2016 and 2018 - **while an Active Player** and that "in 2016 he started experiencing panic attacks. He said his anxiety and panic attacks were partly because, 'The everyday life of a player is stressful, it is mental and physical stress everyday, it is hard to handle.'" *Id.* Moreover, Dr. Rabun concluded that "**his panic attacks have led to depression.**" *Id.* (emphasis added). Because he was prescribed medications by a licensed physician for his psychiatric illness sustained by Mr. Sims in the NFL, his psychiatric disorder "**relates** to the use of a substance prescribed by a licensed physician for an injury (or injuries) or illness sustained by a Player."

# ATHLAW LLP

## C. Alternatively, If Mr. Sims Is Not Awarded Active Football, Mr. Sims Deserves At Least Deserves Active Non-Football Because He Presents On Appeal Contemporaneous Team Medical Records Documenting That His Psychiatric Impairments Arose While An Active Player.

Even if half of the Board were to once again decide that Mr. Sims is not entitled to Active Football, **at a minimum**, Mr. Sims deserves Active Non-Football because the second Committee member

found that there was insufficient evidence to conclude that your psychiatric impairments first arose while you were an Active Player, as required for Active Nonfootball benefits under Section 3.4(b). In reaching this conclusion, **this Committee member found that the evidence did not show that your psychiatric condition(s) began during your NFL career.** Id.

However, on Appeal Mr. Sims submits indisputable, contemporaneous, Club documented “**evidence [that] did ... show that [his] psychiatric condition(s) began during [his] NFL career.**”

**Patient Name:** Sims, Charles

**Injury/Illness** Not applicable Psychological/Anxiety Reaction

**Injury/Illness Date:** 09/14/2016 12:15 AM

**Description:** Not applicable

<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	508110	Psychological/Anxiety Reaction

### **508110 Psychological/Anxiety Reaction**

#### **Rx:**

- Start Lorazepam 0.5 MG Tablet 1 tablet as needed Orally as directed , Dispense: 10 Refills: 1 (Start Date: 09/14/2016)Notes: Benzer Pharmacy Rx# 114969Source: Ramirez,Arnold
- Start Alprazolam 1 MG Tablet 1 tablet Orally Once a day , for 30 days , Dispense: 30 Tablet Refills: 0 (Start Date: 09/24/2016)Notes: Benzer Pharmacy Rx#115382Source: Ramirez,Arnold
- Start Alprazolam 1 MG Tablet 1 tablet Orally Once a day as needed , for 30 days , Dispense: 30 Refills: 0 (Start Date: 10/01/2016)Notes: Benzer Pharmacy Rx# 115715Source: Ramirez,Arnold

**2016-09-21**

**Notes: User Detailed Note**

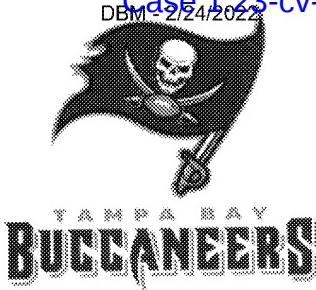
Slater, Charles started having an episode today and requested his medicine. Bobby He also spoke with Dr. Joe Carella. Continue to monitor.

# ATHLAW LLP

## CONCLUSION

Respectfully, Mr. Sims prays that the NFL Disability Board grants him the benefits that he deserves.

Sincerely,  
ATHLAW LLP  
  
SAMUEL KATZ, ESQUIRE



11/11/15

This is Dr. Ramirez dictating on player Charles Sims. The date November 11, 2015

**Chief complaint:** performance anxiety

**History:** patient complains of nausea, vomiting, and an uneasy stomach prior to games. He does feel that it is a nervousness that she is experiencing. He denies any fever, chills, night sweats, or weight loss and his symptoms are temporally related to the gameday as he has no symptoms any other time.

**Physical examination:** his vital signs are stable. HEENT: his mucosa is moist, neck supple, non-tender lymphadenopathy, no thyromegaly. He has cardiovascular regular rate and rhythm. His lungs are clear. His abdomen is soft, non-tender, non-distended, with normal bowel sounds and no organomegaly.

**Impression:**

1. performance anxiety

**Discussion and plan:** we will try a therapeutic trial of propranolol 10 mg prior to game day. We discussed various side effects including sluggishness, slowness, and fatigue. I would like for him to try the 10mg dose at practice today and if he does not experience any of the side effects than we will proceed with taking the 10 mg dose prior to each game weekly.

**End dictation.**

Slater, Charles came in following the Denver c/o stiffness in his knee. He Bobby was evaluated by Dr. Eaton, see dictation. To get MRI tomorrow.

## **2016-09-30**

Notes: **User Detailed Note**

Slater, Charles has no new complaints. See easy treatments. He practiced Bobby full w/o any complaints. Continue to monitor.

## **2016-09-29**

Notes: **User Detailed Note**

Slater, Charles come in today and presents decreased swelling in his knee. He tolerated tx well, see easy treatments. He practiced full. Continue Bobby to monitor.

## **2016-09-28**

Notes: **User Detailed Note**

Charles came in following practice c/o swelling in his right knee. He cannot remember or recall anything happening. On exam he presents mild swelling. He has no medial or lateral joint tenderness. Negative Slater, Lachamn's. Negative posterior drawer. He has no valgus or various Bobby instability and denies any soreness when these tests were performed. Assessment is right knee inflammation. He was placed in Normatec for 20 minutes followed by the Gameready for 20 minutes. Reevaluate in the morning.

**Patient Name:** Sims, Charles

**Injury/Illness:** Not applicable Psychological/Anxiety Reaction

**Injury/Illness Date:** 09/14/2016 12:15 AM

**Description:** Not applicable

<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	508110	Psychological/Anxiety Reaction

### **508110 Psychological/Anxiety Reaction**

#### **Rx:**

- Start Lorazepam 0.5 MG Tablet 1 tablet as needed Orally as directed , Dispense: 10 Refills: 1 (Start Date: 09/14/2016)Notes: Benzer Pharmacy Rx# 114969Source: Ramirez,Arnold
- Start Alprazolam 1 MG Tablet 1 tablet Orally Once a day , for 30 days , Dispense: 30 Tablet Refills: 0 (Start Date: 09/24/2016)Notes: Benzer Pharmacy Rx#115382Source: Ramirez,Arnold
- Start Alprazolam 1 MG Tablet 1 tablet Orally Once a day as needed , for 30 days , Dispense: 30 Refills: 0 (Start Date: 10/01/2016)Notes: Benzer Pharmacy Rx# 115715Source: Ramirez,Arnold

## **2016-09-21**

Notes: **User Detailed Note**

Slater, Charles started having an episode today and requested his medicine. He also spoke with Dr. ~~CS~~00741ella. Continue to monitor.

**User Detailed Note**

I spoke with Charles today regrading taking the medicine. He said it helped yesterday. Also discussed with about meeting with Dr. Carella or Dr. McKay. He thought that was a good idea. A few minutes later he came to me and said, " I dont want to take the medicine. I said, "ok." I will let Dr. Ramirez know about this conversation.

**2016-09-14**Notes: **User Detailed Note**

Slater, Charles came to me and Dr. Ramirez today about how he feels he is becoming more anxious. See Dr. Ramirez dictation.

**Patient Name:** Sims, Charles

**Injury/Illness:** Right Chest Rib Contusion/Lower

**Injury/Illness Date:** 09/11/2016 02:57 PM

**Description:** Right

<b>Clinical Codes:</b>	<b>Code</b>	<b>Description</b>
	200213	Chest Rib Contusion/Lower

**Background Details:**

- Nature of Injury **New Onset**
- When was the Injury Reported? **Within 24 hrs**
- Description of Onset **Patient did not recall how it happened but must have gotten hit in the ribs at some point during the game.**
- Team Activity When Injury Occurred **Game**
- Team Activity Game **Offense**
- If Offense **Unknown**
- Activity Segment **Unknown**
- Foul **Unknown**
- Position at Time of Injury **Running Back**
- Position at Time of Injury: If Running Back **Halfback**
- Background Screen Complete: **Yes**
- At the time of onset, was the player removed from participation: **No, Player continued participation**
- Following the session, was the player restricted from participation in subsequent sessions? **No, Continued at Full Participation**

**2016-09-12**

**Rehab:**

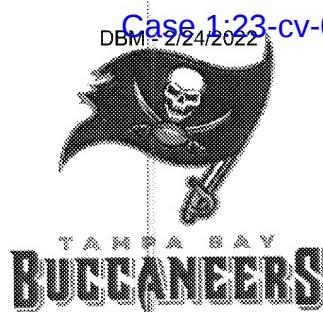
- Hot Whirlpool:(Sets):10 (Minutes): (Lbs)
- AROM:2 (Sets):20 (Reps): (Lbs)[rotations; lateral bending]
- Gameready/Stim:(Sets):20 (Minutes): (Lbs)[omnistim]

**2016-09-11**Notes: **User Detailed Note**

Patient reported the day after the game with pain in his right side. Ames, Pain was localized to anterior rib. He did not remember a MOI. John Negative rib compression tests. Dr. Eaton saw him at injury check, dictation to follow. Treat for pain and protect for activity. JWA, ATC

**Patient Name:** Sims, Charles

**CS-00742**



9/29/2016

Dr. Ramirez dictation is on athlete Charles Sims; date is September 29, 2016.

Subjective: Charles is here to follow-up and an update on his anxiety symptoms. We switched his anxiolytic from lorazepam to alprazolam 1 mg. He is doing much better on that. He states that he's no longer having vomiting episodes either before practice or the game. His anxiety has calmed down significantly and he is very pleased with the response.

Impression: 1. Anxiety

Plan: Continue the alprazolam 1 mg as needed. We discussed if his use of the benzodiazepine becomes more regular we may want to consider switching to an SSRI at that time.

Dr. Ramirez end dictation.

Dr. Arnold Ramirez

Transcribed by Dragon  
Edited for accuracy by Scott DeGraff, MS, ATC



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202  
**Phone:** 800.638.3186  
**Fax:** 410.783.0041

Via Federal Express

March 4, 2022

Mr. Charles Sims

**Re: NFL Player Disability, Neurocognitive & Death Benefit Plan**  
**Appeal for Total and Permanent Disability Benefits**

Dear Mr. Sims:

On February 24, 2022, the Disability Board of the NFL Player Disability, Neurocognitive & Death Benefit Plan ("Plan") considered your appeal to classify your total and permanent disability benefits under the Plan ("Plan T&P benefits") in the Active Football or Active Nonfootball categories. After reviewing the medical evidence in your file, the Disability Board voted unanimously to refer your appeal to a Medical Advisory Physician ("MAP") psychiatrist for a medical record review, pursuant to Plan Section 9.3(a), for a final and binding determination as to whether you satisfy the Plan's requirements for the Active Football or Active Nonfootball categories of Plan T&P benefits. Specifically, the MAP psychiatrist is expected to determine whether your psychiatric impairments arose while you were an Active Player.

You may submit any additional medical evidence that you believe supports your appeal. If you would like to provide additional evidence for review by the MAP psychiatrist, please submit it to the NFL Player Benefits Office at your earliest convenience.

Due to the MAP referral, the Disability Board did not reach a decision on your appeal. The Disability Board will consider and decide your appeal after it receives the report from the MAP psychiatrist. The Disability Board is likely to address your appeal at its next meeting in May 2022.

The attached "Relevant Plan Provisions" recite the general standard for Plan T&P eligibility and classification, as well as the rule regarding MAP referrals. These are excerpts. You should consult the Plan Document for a full recitation of the relevant Plan terms. You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits, including the governing Plan Document.

If you have any questions, please contact the NFL Player Benefits Office.

Sincerely,

A handwritten signature in black ink that reads "Michael B. Miller".

Michael B. Miller  
Plan Director  
On behalf of the Disability Board

Enclosure  
cc: Sam Katz

**CS-00744**

To receive assistance in these languages, please call:

SPANISH (Español): Para obtener asistencia en Español, llame al 855-938-0527 (ext. 1)

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 855-938-0527 (ext. 2)

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-938-0527 (ext. 3)

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 800-638-3186 (ext. 416)

**CS-00745**

## Relevant Plan Provisions

**1.1** “Active Player” means a Player who is obligated to perform football playing services under a contract with an Employer; provided, however, that for purposes of Article 3 only, Active Player will also include a Player who is no longer obligated to perform football playing services under a contract with an Employer up until the July 31 next following or coincident with the expiration or termination of his last contract.

**3.1 General Standard for Eligibility.** An Article 3 Eligible Player will receive monthly Plan total and permanent disability benefits (“Plan T&P benefits”) in the amount described in Section 3.6, for the months described in Sections 3.10 and 3.11, if and only if all of the conditions in (a) through (f) below are met:

(a) The Player’s application is received by the Plan on or after January 1, 2015 and results in an award of Plan T&P benefits.

(b) The Player is not receiving monthly retirement benefits under Article 4 or Article 4A of the Bert Bell/Pete Rozelle Plan.

(c) The Player submits Medical Records with his initial application or appeal, as the case may be, subject to the rules of Section 3.3.

(d) At least one Plan Neutral Physician must find, under the standard of Section 3.1(e), that (1) the Player has become totally disabled to the extent that he is substantially unable to engage in any occupation or employment for remuneration or profit, excluding any disability suffered while in the military service of any country, and (2) such condition is permanent. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive Plan T&P benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(e) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that (1) the Player has become totally disabled to the extent that he is substantially prevented from or substantially unable to engage in any occupation or employment for remuneration or profit, but expressly excluding any disability suffered while in the military service of any country, and (2) that such condition is permanent. The following rules will apply:

(1) The educational level and prior training of a Player will not be considered in determining whether such Player is “unable to engage in any occupation or employment for remuneration or profit.”

(2) A Player will not be considered to be able to engage in any occupation or employment for remuneration or profit within the meaning of this Section 3.1 merely because such person is employed by the League or an Employer, manages personal or family investments, is employed by or associated with a charitable organization, is employed out of benevolence, or receives up to \$30,000 per year in earned income.

(3) A disability will be deemed to be "permanent" if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period.

(f) The Player satisfies all other applicable requirements of this Article 3.

**3.4 Classification.** Each Player who is determined to be eligible for Plan T&P benefits in accordance with Section 3.1 or 3.2 will be awarded benefits in one of the four categories below.

(a) Active Football. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) his disability(ies) arises out of League football activities while he is an Active Player, and causes him to be totally and permanently disabled, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within 18 months after he ceases to be an Active Player.

(b) Active Nonfootball. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) his disability(ies) does not arise out of League football activities but does arise while he is an Active Player, and causes him to be totally and permanently disabled, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within 18 months after he ceases to be an Active Player.

(c) Inactive A. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) the Player does not qualify for benefits in categories (a) or (b) above, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within fifteen (15) years after the end of his last Credited Season. This category does not require that the disability arise out of League football activities.

(d) Inactive B. A Player who is determined to be eligible for Plan T&P benefits in accordance with Section 3.1 or 3.2 but who does not qualify for such benefits in categories (a), (b), or (c) above will be awarded Plan T&P benefits in this category. This category does not require that the disability arise out of League football activities.

(e) "Arising out of League football activities" means:

(1) a disablement arising out of any League pre-season, regular-season, or post-season game, or any combination thereof, or out of League football activity supervised by an Employer, including all required or directed activities. "Arising out of League football activities" does not include, without limitation, any disablement resulting from other employment, or athletic activity for recreational purposes, nor does it include a disablement that would not qualify for benefits but for an injury (or injuries) or illness that arises out of other than League football activities; or

**3.5 Special Rules.**

(a) Substance Abuse. Sections 3.4(a), 3.4(b), and 3.4(c) will not apply to a total and permanent disability caused by the use of, addiction to, or dependence upon (1) any controlled substance (as defined in 21 U.S.C. § 802(6)), unless the requirements of those sections are otherwise met and (i)

such use of, addiction to, or dependence upon results from the substantially continuous use of a controlled substance that was prescribed for League football activities or for an injury (or injuries) or illness arising out of League football activities of the applicant while he was an Active Player, and (ii) an application for Plan T&P benefits is received based on such use of, addiction to, or dependence upon a controlled substance no later than eight years after the end of the Player's last Credited Season; (2) alcohol; or (3) illegal drugs. For purposes of this section, the term "illegal drugs" includes all drugs and substances (other than alcohol and controlled substances, as defined above) used or taken in violation of law or League policy.

(b) Psychological/Psychiatric Disorders. A payment for total and permanent disability as a result of a psychological/psychiatric disorder may only be made, and will only be awarded, for benefits under the provisions of Section 3.4(b), Section 3.4(c), or Section 3.4(d), except that a total and permanent disability as a result of a psychological/psychiatric disorder may be awarded under the provisions of Section 3.4(a) if the requirements for a total and permanent disability are otherwise met and the psychological/psychiatric disorder either (1) is caused by or relates to a head injury (or injuries) sustained by a Player arising out of League football activities (e.g., repetitive concussions); (2) is caused by or relates to the use of a substance prescribed by a licensed physician for an injury (or injuries) or illness sustained by a Player arising out of League football activities; or (3) is caused by an injury (or injuries) or illness that qualified the Player for Plan T&P benefits under Section 3.4(a).

**Plan Section 9.3(a)**, regarding referrals to Medical Advisory Physicians, states as follows:

If three or more voting members of the Disability Board conclude that a medical issue exists as to whether a Player qualifies for a benefit under this Plan ... such members may submit such issue to a Medical Advisory Physician for a final and binding determination regarding such medical issues. The Medical Advisory Physician will have full and absolute discretion, authority and power to decide such medical issues.

## Meghan Pieklo

---

**From:** Meghan Pieklo  
**Sent:** Monday, April 4, 2022 10:13 AM  
**To:** 'Christine Chang'  
**Subject:** MAP Record Review for Charles Sims  
**Attachments:** 2021.12 Appeal Reclassification T&P Letter received 12.08.2021.pdf; 2021.12 Appeal Reclassification Decision Letter dated 03.04.2022.pdf; 2021.12 Appeal Legal Correspondence with Attachments received 04.01.2022....pdf; 2020.05 Application T&P Disability received 05.05.2020.pdf; 2020.05 Application Neutral Psych Report received 04.26.2021.pdf; 2020.05 Application Medical Records received 05.05.2020.pdf; SIMS, CHARLES (8842).docx

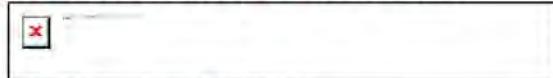
Good Morning Dr. Chang,

I have a player that will need a MAP record review for a final decision. It will be for Charles Sims; please see the attached records for Mr. Sims and PRF.

Mr. Sims is under review to determine if he satisfies the Plan's requirements for the Active Football or Active Nonfootball categories of the Plan T&P benefits. Specifically, determine whether his psychiatric impairments arose while he was an Active Player. Please let me know if you have any questions or need anything else.

Thank you,

**Meghan Pieklo** Benefits Coordinator  
Phone 800.638.3186 Fax 410.783.0041



NFL Player Benefits Office  
200 St. Paul Street, Suite 2420, Baltimore, Maryland 21202



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202  
Phone 800.638.3186  
Fax 410.783.0041

### PHYSICIAN REPORT FORM

#### TOTAL & PERMANENT DISABILITY BENEFITS

**Notice to Physician:** To preserve your independence and the integrity of the decision-making process, you must avoid contacts with attorneys or other representatives of the Players seeking disability benefits from the NFL Player Disability & Survivor Benefit Plan. Please notify the NFL Player Benefits Office if you are contacted by any of these individuals.

To be completed by NFL Player Benefits Office:

**Player's name:** CHARLES SIMS

**DOB:** [REDACTED]

**Phone:** [REDACTED]

**Player's address:** [REDACTED]

**Player's Credited Seasons:** 2014 - 2018

**Claimed impairments:** See Application

1. Did you receive records for this Player?  YES |  NO If so, how many pages? 212
2. Did you evaluate the Player?  YES |  NO If so, when? \_\_\_\_\_
3. Have you or your colleagues ever treated the Player previously?  YES |  NO
4. Based on your evaluation, what is the nature of the Player's impairment(s)?  
(Attach additional sheets if necessary.)

Impairment to	Cause of impairment		
depression, anxiety	<input type="checkbox"/> Illness	<input type="checkbox"/> Other – _____	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Injury	<input checked="" type="checkbox"/> Unknown	

5. In your opinion, is the Player **totally and permanently disabled** to the extent that he is substantially unable to engage in any occupation for remuneration or profit?  YES |  NO

Unable to Determine

If you checked YES:

- Describe the impairments and explain how they prevent the Player from working. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Has the Player's condition persisted or is it expected to **persist for at least 12 months** from the date of its occurrence, and excluding any reasonable recovery period?  YES |  NO

If you checked NO:

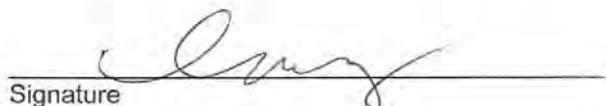
- Describe the type of employment in which the Player can engage. any that fits his education and skill level  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you have any additional remarks? see report  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the required narrative report with this form.

I certify that:

- I reviewed all records of this Player provided to me.
- I personally examined this Player.
- This Physician Report Form and the attached narrative report(s) accurately document my findings.
- My findings reflect my best professional judgment.
- I am not biased for or against this Player.

  
Signature

4/27/22  
Date

Christine Chang  
Print Name

Christine Chang MD  
1475 North Broadway  
Suite 430  
Walnut Creek, CA 94596  
(415) 987-6410

Patient Name: Charles Sims

DOB [REDACTED]

Neutral Physician: Christine Chang MD

**Records reviewed:**

Application Total and Permanent Disability ( 26 pages)

Appeal Reclassification Letter (18 pages)

Appeal Reclassification Decision Letter (5 pages)

Appeal Legal Correspondence (8 pages)

Medical Records (104 pages)

Joint Physician Report Form (2 pages)

Neutral Neuropsychologist Douglas Cooper PhD Neuropsychological Report on 3/31/21 (12 pages)

Neutral Neurologist Eric Brahin MD Neurology report on 4/1/21 (17 pages)

Neutral Psychiatry Disability Evaluation by John Rabun MD on 4/19/21 (20 pages)

**Identifying Information:**

Mr. Sims is a 31-year-old male who played as a running back for the NFL with 5 credited seasons. This is a record review of his application for Active Football Total and Permanent Disability due to psychiatric impairment.

**Summary of Records Reviewed:****Medical Records (104 pages)**

8/13/2014 MRI Right Ankle-peroneal tendons dislocated

8/15/2014 Dr. Robert Anderson office visit for "right ankle pain", plan for surgery

8/16/2014 Peroneal tendon repair (right ankle), operative report

11/8/2015: Date of accident filed for First Report of Injury or Illness to Florida Department of Financial Services Division of Workers Compensation. Injury reported as "strain" to "right hip flexor."

8/9/2016 MRI Right Foot-mild thickening Achilles tendon, postsurgical changes peroneal tendon

8/27/2016 Dr. Koco Eaton "left wrist..old schapholunate disruption"

10/3/2016-Cortisone shot to bilateral knee joints Dr. Koco Eaton

12/2016-5/2017 Records from rehab training (Tampa Bay), mostly reporting Mr. Sims "doing great."

10/3/2016 MRI Right Knee-Capsulitis and synovitis anterior and posterior joint capsule, moderate to high grade sprain of medial retinaculum

11/21/2019 Dr. Barry Craythorne "femoral trochlear chondromalacia, right knee. Significant improvement...gradually increase activity"

12/24/2016: Dr. Barry Craythorne (Tampa Bay Buccaneers orthopedic surgeon) "impression: anterior glenohumeral subluxation right shoulder" Recommended to avoid motion and obtain MRI

12/26/2016 Dr. Barry Craythorne "biceps brachii strain, right arm"

12/26/2016 MRI Right Shoulder-rupture of sternal head of pectoralis major

5/23/2017 Preseason orthopedic exam Dr. Barry Craythorne "4.5 months status post right pectoralis major tendon repair..plan gradual progression of lifting activity"

7/30/2018 Dr. Dave Leffers "Mild rotator cuff strain. Treatment per staff."

8/18/2018 Dr. Dave Leffers (Tampa Bay) assessing "Grade 2 MCL sprain Right Knee. Plan: treatment and bracing per staff. Possible MRI."

8/19/18 MRI Right Knee-Grade 2 sprain of MCL, chondromalacia of trochlear facet cartilage

2/19/20 EMG/NCS testing -slowing of right ulnar nerve consistent with cubital tunnel syndrome

2/19/20 MRI Cervical spine-mild to moderate bilateral neuroforaminal stenosis at C6-C-7, mild to moderate right neuroforaminal stenosis at C4-5, C5-6

2/19/20 MRI Right Shoulder-moderate supraspinatus and infraspinatus tendinosis, AC osteoarthritis, biceps tendinosis

2/19/20 MRI Left Shoulder- moderate supraspinatus and infraspinatus tendinosis, AC osteoarthritis, biceps tendinosis, nondisplaced tearing of posterior inferior labrum

2/19/20 MRI Right Hip-tearing of anterior superior labrum, hip joint osteoarthritis

2/19/20 MRI Brain-nonspecific T2 foci in white matter

2/19/20 MRI Right Knee-cartilage loss within central and medial trochlear facet

2/19/20 MRI Left Knee-lateral meniscus tear, Grade 3-4 chondromalacia within trochlear facet cartilage

2/19/20 MRI Left Hip-nondisplaced tearing of anterior superior labrum

2/19/20 MRI Lumbar Spine-Lumbar spondylosis with indentation of ventral thecal sac and moderate bilateral neuroforaminal stenosis at L5-S1

No psychiatric notes in his 104 pages of medical records

#### **3/31/2021 Neutral Neuropsychological Disability Evaluation by Dr. Douglas Cooper PhD**

Mr. Sims had invalid testing results on both TOMM and MSVT, as well as invalid test results on embedded validity tests. On the MMPI-2RF, Mr. Sims had significant overreporting of "psychological, cognitive, and emotional symptoms, invalidating the test." Due to invalid testing results, disability was unable to be determined.

#### **4/1/2021 Neutral Neurology Disability Evaluation by Dr. Eric Brahin MD**

Dr. Brahin diagnosed Mr. Sims with blepharospasm of the left eye, post-concussive syndrome consisting of headaches and dizziness and subjective memory loss. He did not find Mr. Sims disabled from a neurological perspective. MOCA=22/30

#### **4/19/21 Neutral Psychiatry Disability Evaluation by John Rabun MD**

Report obtained from Mr. Sims and Mr. Sims wife. Dr. Rabun diagnosed Mr. Sims with Major Depressive Disorder, Recurrent, Moderate, Panic Disorder, and Agoraphobia. Mr. Sims reported to Dr. Rabun that he continued to have panic attacks, about once a week. He also endorsed feeling "flat" and irritable, easily angered, and depressed. Dr. Rabun felt that Mr. Sims was disabled from a psychiatric perspective.

MOCA 27/30

#### **Application for Total and Permanent Disability**

Mr. Sims wrote a declaration stating, "I wake up with headaches..completing simple tasks..leaves me in excruciating pain..being in constant pain, makes me distance myself." He reported "depression due to traumatic head injuries in the NFL."

**Appeal Reclassification Letter**

Letter from Mr. Sims lawyer with note from 9/14/2016 "Psychological/Anxiety Reaction" "Charlie started having an episode today and requested his medicine." A prescription for Lorazepam and Alprazolam was provided (anxiolytics). Mr. Sims' lawyer reported two other reports on 11/11/2015 and 9/29/2016 (those reports were not in his 104 pages of medical records) of Mr. Sims having "performance anxiety" with symptoms of "nausea, vomiting, an uneasy stomach prior to games."

**Appeal Legal Correspondence**

Letter from Mr. Sims' lawyer containing office visit notes and face sheets from 11/8/2016 and 11/15/2016 with Charles Talakkottur MD. Listed a diagnosis of "generalized anxiety disorder and panic disorder without agoraphobia with severe panic attacks" and medications of Zoloft 50 mg and Alprazolam 1 mg, with discontinuation of Lexapro 5 mg. Reported "experiences increased stress/performance pressure during football season." Notes that the Xanax provides "increased peace of mind knowing there is something he can take to relieve anxiety."

**Appeal Reclassification Decision Letter**

Letter to Mr. Sims referring to MAP psychiatrist for determination of Active Football or Active Nonfootball categories of Plan T and P benefits.

**Impression/Discussion:**

In comparison to the extensive orthopedic records in Mr. Sims' file, there is a paucity of medical records documenting psychiatric symptoms significantly impacting his daily life or work ability. The records from Mr. Sims appeal letters include a diagnosis of "psychological/anxiety reaction" on three dates (11/11/2015, 9/14/2016, 9/29/2016) but do not document any disability or sustained impairment due to these disorders. Similarly, in his office visits on 11/8/16 and 11/15/16 to Dr. Charles Talakkottur, there was no record of grave impairment or disability, though he did diagnose Mr. Sims with panic disorder, severe, and generalized anxiety disorder. From Dr. Talakkottur's record, the Xanax appeared to be effectively providing Mr. Sims "peace of mind" enough to continue playing. In my opinion, a psychiatric diagnosis itself does not equate disability or impairment, and the records appear to indicate that Mr. Sim's anxiety was limited to "performance pressure" and was managed with medications effectively. While Mr. Sims cited depression as his main psychiatric impairment in his disability application, there was no record of depression as a diagnosis in his records while an active player.

Subsequent notes from Tampa Bay present him as doing well. On 4/13/2017 (page 42 in his medical records) his notes state "Charles is doing extremely well with all activity." On 5/2/2017 (page 39 in medical records) "He stated everything felt great".

The history of his claimed psychiatric impairments is primarily via self-report with some corroboration from his wife, and while important, lacks objective data to sustain the claim. M. Sims also scored high on MMPI measures of infrequent reporting and had invalid measures on neuropsychological testing. His MOCA score also showed significant variance in less than one month, with a 22/30 score on 4/1/21 and 27/30 on 4/19/21.

In my opinion, it does not appear from his records that Mr. Sims' had significant psychiatric impairments or any psychiatric cause for disability that arose while an Active Player.

Respectfully submitted,



Christine Chang MD



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202  
Phone: 800.638.3186  
Fax: 410.783.0041

Via Email

April 28, 2022

Mr. Charles Sims  
[REDACTED]

**Re: NFL Player Disability & Survivor Benefit Plan—Opportunity to Review and Respond to Medical Advisory Physician Report(s)**

Dear Mr. Sims:

As you know, the Disability Board previously referred your records for review by a Medical Advisory Physician ("MAP"). Under Plan Section 9.3(a), MAP findings are final and binding on medical questions and issues, and therefore your appeal may be granted or denied based on the MAP findings.

Enclosed please find a copy of the report(s) provided by the Plan's MAPs. The report(s) will be added to your file and provided to the Disability Board for review as it decides your pending appeal.

You have the right to respond to the report(s) before the Disability Board makes a final decision. Please inform the NFL Player Benefits Office by May 9, 2022 whether you intend to do so.

**If you do not intend to respond to the report(s),** you only need to tell the NFL Player Benefits Office that is your intention.

**If you intend to respond to the report(s),** you must inform the NFL Player Benefits Office by May 9, 2022. Then, you should submit your response by May 27, 2022, or you should let us know by that date that you will need additional time to respond.

Your decision to submit a response may impact the timing of the Disability Board's decision on your appeal.

- Currently, your appeal is set to be presented to the Disability Board at its next quarterly meeting on May 18, 2022.
- If you do not intend to respond to the report(s) and you notify us accordingly, we will present your appeal to the Disability Board for a final determination on May 18, 2022, as currently anticipated. If you do not notify us of your intentions by May 9, 2022, we will assume that

**CS-00757**

you do not intend to respond to the report(s), and we will present your appeal on May 18, 2022. In either case, you should expect to receive a final decision on your appeal shortly following that meeting.

- If you want to respond to the report(s), we will present your response along with your appeal at the Disability Board's meeting on August 17, 2022, assuming no additional evidence or information requiring a response from you becomes available prior to that meeting. You should expect to receive a final decision on your appeal shortly following that meeting.

You may contact the NFL Player Benefits Office with any questions or concerns you might have. Please be advised, however, that NFL Player Benefits Office staff are not able to discuss the meaning or significance of the enclosed Plan neutral report(s), because they do not know whether or how the report(s) might impact the Disability Board's ultimate decision.

Sincerely,

*Meghan Pieklo*

Meghan Pieklo  
Benefits Coordinator

Enclosure

cc: Sam Katz

**CS-00758**

**CS-00759**



# NFL PLAYER BENEFITS

## DISABILITY PLAN

200 St. Paul Street, Suite 2420  
Baltimore, Maryland 21202  
Phone 800.638.3186  
Fax 410.783.0041

Via Federal Express and Email

June 3, 2022

Mr. Charles Sims  
[REDACTED]

**Re: NFL Player Disability, Neurocognitive & Death Benefit Plan—Final Decision on Review**

Dear Mr. Sims:

On June 1, 2022, the Disability Board of the NFL Player Disability, Neurocognitive & Death Benefit Plan ("Plan") considered your appeal from its earlier decision to classify your total and permanent disability benefits under the Plan ("Plan T&P benefits") in the Inactive A category. We regret to inform you that the Disability Board denied your appeal. This letter explains the Disability Board's decision, identifies the Plan provisions on which the decision was based, and explains your legal rights.

**Discussion**

You applied for Plan T&P benefits on May 5, 2020. As you know, on May 17, 2021, the Disability Initial Claims Committee ("Committee") awarded you Inactive A T&P benefits, effective March 1, 2020, based on the report of Plan neutral psychiatrist, Dr. John Rabun, who determined that you are totally and permanently disabled by your psychiatric impairments. The basis for the Committee's decision was explained to you in a letter dated June 11, 2021.

On December 8, 2021, your representative, Sam Katz, appealed the Committee's decision and asked the Disability Board to classify your benefits in the Active Football or Active NonFootball category. Mr. Katz argued that the onset of your psychiatric issues started while you were an Active Player and submitted four pages of the Club records in support of the appeal.

At its February 24, 2022 meeting, the Disability Board carefully reviewed the medical evidence and unanimously voted to refer your appeal to a Medical Advisory Physician ("MAP") psychiatrist, pursuant to Plan Section 9.3(a), for a final and binding determination as to whether your totally and permanently disabling psychiatric conditions first arose while you were an Active Player.

By report dated April 27, 2022, MAP psychiatrist Dr. Chang concluded that you are not totally and permanently disabled by your psychiatric conditions in the first place. As to the onset of those conditions, Dr. Chang stated that it does not appear that you "had significant psychiatric impairments or any psychiatric cause for disability that arose while an Active Player."

**CS-00760**

Mr. Charles Sims  
June 3, 2022  
Page 2

By letter dated April 28, 2022, the NFL Player Benefits Office provided you and Mr. Katz with a copy of Dr. Chang's report and advised that you had the right to respond to it before the Disability Board issued a final decision on your appeal. As you know, you did not respond.

At its May 18, 2022 meeting, the Disability Board carefully reviewed the medical evidence in your record and tentatively found that you are not eligible for the Active Football or Active NonFootball category of Plan T&P benefits. On June 1, 2022, the Disability Board unanimously decided that you are ineligible for the Active Football or Active NonFootball categories and authorized transmission of this letter explaining its decision. To be entitled to one of the Active categories, your disability must arise while you were an Active Player and cause you to be totally and permanently disabled. The Disability Board found that an award of Active Football or Active NonFootball category is inappropriate in your case because your file contains no evidence that your disability arose while you were an Active Player. The Disability Board based its decision on the report of MAP psychiatrist Dr. Chang. The Disability Board noted that under Section 9.3(a) MAP Chang's conclusion is final and binding. The Disability Board thus denied your appeal.

Under Plan Section 13.14, "the Disability Board will not terminate or reduce a Player's benefit in cases where the Player was awarded the benefit by the Disability Initial Claims Committee and on appeal from that decision, he asks the Disability Board to review his benefit category under Section 3.4(a)-(d) or Section 6.2(a)-(b), including any such appeal that requires review by a Medical Advisory Physician under Section 9.3(a)." Accordingly, the Disability Board determined that you are eligible to continue receiving Plan T&P benefits in the Inactive A category.

Please understand the Disability Board is required by federal law to follow the terms of the Plan. Where, as here, you do not satisfy the terms of the Plan, federal law requires the Disability Board to deny your appeal, regardless of how sympathetic individual members of the Disability Board may be to your circumstances.

### **Legal Rights**

You should regard this letter as a final decision on review within the meaning of Section 503 of the Employee Retirement Income Security Act of 1974, as amended, and the regulations issued thereunder by the Department of Labor. To obtain further review of this decision, you have the right to bring an action under Section 502(a) of the Employee Retirement Income Security Act of 1974, as amended. Under Plan Section 13.4(a) you must file such an action within 42 months from the date of the Board's decision. Your deadline for bringing such an action therefore is December 1, 2025.

This letter identifies the Plan provisions that the Disability Board relied upon in making its determination. Please note that the Plan provisions discussed in this letter are set forth in the "Relevant Plan Provisions" attachment. These are excerpts, however. You should consult the Plan Document for

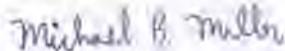
Mr. Charles Sims  
June 3, 2022  
Page 3

a full recitation of the relevant Plan terms. The Disability Board did not rely on any other internal rules, guidelines, protocols, standards, or other similar criteria beyond the Plan provisions discussed herein.

You are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits, including the governing Plan Document.

If you have any questions, please contact the NFL Player Benefits Office.

Sincerely,



Michael B. Miller  
Plan Director  
On behalf of the Disability Board

Enclosure  
cc: Samuel Katz, Esquire

To receive assistance in these languages, please call:

SPANISH (Español): Para obtener asistencia en Español, llame al 855-938-0527 (ext. 1)

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 855-938-0527 (ext. 2)

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 855-938-0527 (ext. 3)

NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijjigo holne' 800-638-3186 (ext. 416)

CS-00762

## Relevant Plan Provisions

**1.1** “**Active Player**” means a Player who is obligated to perform football playing services under a contract with an Employer; provided, however, that for purposes of Article 3 only, Active Player will also include a Player who is no longer obligated to perform football playing services under a contract with an Employer up until the July 31 next following or coincident with the expiration or termination of his last contract.

**Plan Section 3.1** sets forth the standards for determining whether a Player is totally and permanently disabled. It states, in relevant part:

(d) At least one Plan Neutral Physician must find, under the standard of Section 3.1(e), that (1) the Player has become totally disabled to the extent that he is substantially unable to engage in any occupation or employment for remuneration or profit, excluding any disability suffered while in the military service of any country, and (2) such condition is permanent. If no Plan Neutral Physician renders such a conclusion, then this threshold requirement is not satisfied, and the Player will not be eligible for and will not receive Plan T&P benefits, regardless of any other fact(s), statement(s), or determination(s), by any other person or entity, contained in the administrative record.

(e) After reviewing the report(s) of the Plan Neutral Physician(s), along with all other facts and circumstances in the administrative record, the Disability Initial Claims Committee or the Disability Board, as the case may be, must conclude, in its absolute discretion, that (1) the Player has become totally disabled to the extent that he is substantially prevented from or substantially unable to engage in any occupation or employment for remuneration or profit, but expressly excluding any disability suffered while in the military service of any country, and (2) that such condition is permanent. The following rules will apply:

(1) The educational level and prior training of a Player will not be considered in determining whether such Player is “unable to engage in any occupation or employment for remuneration or profit.”

(2) A Player will not be considered to be able to engage in any occupation or employment for remuneration or profit within the meaning of this Section 3.1 merely because such person is employed by the League or an Employer, manages personal or family investments, is employed by or associated with a charitable organization, is employed out of benevolence, or receives up to \$30,000 per year in earned income.

(3) A disability will be deemed to be “permanent” if it has persisted or is expected to persist for at least twelve months from the date of its occurrence, excluding any reasonably possible recovery period.

(f) The Player satisfies all other applicable requirements of this Article 3.

**CS-00763**

**3.4 Classification.** Each Player who is determined to be eligible for Plan T&P benefits in accordance with Section 3.1 or 3.2 will be awarded benefits in one of the four categories below.

(a) Active Football. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) his disability(ies) arises out of League football activities while he is an Active Player, and causes him to be totally and permanently disabled, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within 18 months after he ceases to be an Active Player.

(b) Active Nonfootball. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) his disability(ies) does not arise out of League football activities but does arise while he is an Active Player, and causes him to be totally and permanently disabled, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within 18 months after he ceases to be an Active Player.

(c) Inactive A. Subject to the special rules of Section 3.5, a Player will qualify for Plan T&P benefits in this category if (i) the Player does not qualify for benefits in categories (a) or (b) above, and (ii) his application that results in an award of Plan T&P benefits is received by the Plan within fifteen (15) years after the end of his last Credited Season. This category does not require that the disability arise out of League football activities.

(d) Inactive B. All Players who are determined to be eligible for Plan T&P benefits in accordance with Section 3.1 or 3.2 but who do not qualify for such benefits in categories (a), (b), or (c) above will be awarded Plan T&P benefits in this category. This category does not require that the disability arise out of League football activities.

(e) "Arising out of League football activities" means a disablement arising out of any League pre-season, regular-season, or post-season game, or any combination thereof, or out of League football activity supervised by an Employer, including all required or directed activities. "Arising out of League football activities" does not include, without limitation, any disablement resulting from other employment, or athletic activity for recreational purposes, nor does it include a disablement that would not qualify for benefits but for an injury (or injuries) or illness that arises out of other than League football activities.

**3.10 Effective Date of Plan T&P Benefits.** Plan T&P benefits will be paid retroactive to the first day of the month that is two months prior to the date an application for Plan T&P benefits was received by the Plan.

**Plan Section 9.3(a),** regarding referrals to Medical Advisory Physicians, states as follows:

If three or more voting members of the Disability Board conclude that a medical issue exists as to whether a Player qualifies for a benefit under this Plan ... such members may submit such issue to a Medical Advisory Physician for a final and binding determination regarding such medical issues. The Medical Advisory Physician will have full and absolute discretion, authority and power to decide such medical issues.

**Plan Section 13.4** is entitled “Limitation on Actions.” It states, “[n]o suit or legal action with respect to an adverse determination may be commenced more than 42 months from the date of the final decision on the claim for benefits (including the decision on review).”

**Plan Section 13.14** states, in its relevant part: The Disability Board will not terminate or reduce a Player’s benefit in cases where the Player was awarded the benefit by the Disability Initial Claims Committee and on appeal from that decision, he asks the Disability Board to review his benefit category under Section 3.4(a)-(d) or Section 6.2(a)-(b), including any such appeal that requires review by a Medical Advisory Physician under section 9.3(a). Nothing in the prior sentence shall limit the Disability Board’s authority to terminate or reduce a Player’s benefits in any situation other than the specific appeal described in the prior sentence, in accordance with Section 3.8 or as otherwise provided under the terms of the Plan.

**CS-00765**